

Annual Nonprofit Hospital
**Community Benefits
Plan Report**

For the Fiscal Year Ended August 31, 2021

Mission Statement and
Community Benefits Plan

Charity Care and Presumptive
Eligibility Policy

Hospital Financial
Assistance Application

Form AG-CBP-1

Audited Financial
Statement

Hospital Financial
Assistance Report

**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2021
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Executive Summary

Northwestern Memorial HealthCare (NMHC) is committed to provide quality medical care, regardless of the patient's ability to pay; to educate the healthcare workforce and support medical and clinical research; and to improve the health of the communities we serve through cultivating economic vitality and engaging our community to address social determinants of health (SDOH). NMHC is a nonprofit, integrated academic health system (Health System). The Health System provides world-class care through 11 hospitals,¹ three medical groups,² and more than 200 diagnostic and ambulatory locations to patients across Chicago, all 50 states and over 100 countries, *one patient at a time*.

Working together as **Northwestern Medicine**[®] (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg)³ share a vision to advance medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of communities. NM has made the tripartite mission of academic medicine — clinical care, education and research — accessible.

Academic health systems are proven innovators and leaders, a fact that has been evident during the COVID-19 pandemic. From the onset, NM provided community leadership and support, including through personal protective equipment (PPE) donations to local community organizations, health clinics and private doctor's practices. NM staff rose to the occasion: From employees cross-training to support environmental services to staff from outpatient locations lending a hand in hospitals, thousands of physicians, advanced practice providers and employees stepped up to meet growing demands caused by the COVID-19 pandemic. Together with Feinberg, the Health System developed novel treatments and care models for patients who were COVID-19 positive, including performing the nation's first double-lung transplant for a patient whose lungs had been irreversibly damaged by the virus. The procedure has since been performed for more than 36 patients at Northwestern Memorial Hospital.

Despite the extraordinary operational challenges created by COVID-19, the Health System

¹ For the time period of this report, fiscal year 2021 (FY21), NMHC was the nonprofit corporate parent of Northwestern Memorial Hospital (NMH), Northwestern Medicine Lake Forest Hospital (NM LFH), Northwestern Medicine Central DuPage Hospital (NM CDH), Northwestern Medicine Delnor Hospital (NM Delnor), Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee), Northwestern Medicine Valley West Hospital (NM Valley West), Northwestern Medicine Huntley Hospital (NM Huntley), Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Woodstock Hospital (NM Woodstock), Northwestern Medicine Palos Hospital (NM Palos) and Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH).

² For the time period of this report, FY21, NMHC was the nonprofit corporate parent of Northwestern Medical Group (NMG), Northwestern Medicine Regional Medical Group (NM RMG) and Northwestern Medicine Palos Medical Group (NM PMG). In an effort to increase alignment, multiple physician groups have recently merged into NM RMG, including Northwestern Medicine KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019 and Marianjoy Medical Group in September 2019. NM PMG operations were merged into NM RMG on September 1, 2021, which is beyond the scope of this report.

³ **Northwestern Medicine**[®] is a trademark of NMHC and is also used by Feinberg. While NMHC and Feinberg share in our mission to put patients first in everything we do and work together to provide world-class medical care to our patients, Feinberg is not a corporate member of NMHC.

continued to support a broad spectrum of research initiatives, including expanding clinical trials and addressing health inequities. NMHC supports some of the nation's most advanced research programs, led by physician-scientists at Feinberg.

NM is helping to address projected shortfalls of healthcare professionals by training the nation's next generation of physicians, nurses, allied health professionals and leaders through robust initiatives to recruit and train healthcare professionals from traditionally underrepresented populations, and to expand medical students' practical experiences through education-centered medical home (ECMH) programs.

The Health System serves a broad and diverse population. Guided by our systemwide Community Benefits Plan and Community Health Needs Assessments (CHNA), and in collaboration with long-standing partners in the community, the Health System is committed to serving the community through:

- A. Providing quality medical care, regardless of the patient's ability to pay.
- B. Cultivating economic vitality through workforce development.
- C. Facilitating community engagement to reduce health inequities.

The Health System has extended access to academic medicine in the community through relationships with community partners, including federally qualified health centers and free and charitable clinics. Additional partnerships with social services providers, local school and park districts, and many more community based organizations ensure access to care.

NMHC provides care for patients regardless of their ability to pay, as supported by our financial assistance and presumptive eligibility policies. The Health System is a leading provider of services to Illinois Medicaid beneficiaries and charity care. NM has been on the front lines of the nation's response to the pandemic since the beginning, and the Health System continues to provide exceptional care to all patients, including a large proportion of patients from historically under-resourced areas that have been severely impacted by COVID-19. In Chicago, more than 43% of patients hospitalized at NMH for COVID-19 came from the city's South and West Sides.

NM remains committed to advancing health equity through long-standing relationships with community clinical providers. In FY21, the Health System launched a pilot tool to screen for Social Determinants of Health and expanded the Transitional Care Clinic (TCC).

To address supply chain disruption, workforce shortages, persistent violence and health inequities, NM rapidly mobilized to amplify workforce development and youth pipeline programs.

As enduring partners in their respective communities, NMHC hospitals continue to cultivate new relationships while working with long-standing community partners to organize and provide resources to community collaborators addressing health inequities.

Ernst & Young, LLP recently reported that the community benefits activities of hospitals and health systems in the United States outweigh the forgone federal tax revenue by a factor of 11 to 1. The study found that nonprofit hospitals in the United States provided \$95 billion in total community benefits to their communities in 2016 (the most recent comparative data

available).⁴ In Illinois, hospitals annually contribute more than \$6.4 billion in community benefits.⁵ NMHC contributed over \$1.1 billion or approximately 17% of net patient service revenue in FY21, including more than \$120 million in community services and charity care and \$137 million in research and education.

While by no means exhaustive, this report offers an in-depth look into the Health System's organizational structure; mission, vision and core values; the communities and populations we serve; The Community Benefits Plan and CHNA process; charity care and financial assistance policies; and highlights of the many community benefits activities implemented across the Health System in FY21.

⁴ 2019, *Estimates of the federal revenue forgone due to the tax exemption of non-profit hospitals compared to the community benefit they provide, 2016*, Prepared for the American Hospital Association, Ernst & Young, LLP.

⁵ Illinois Health and Hospital Association (IHA), Finance, Community Benefits. <https://www.team-aha.org/finance/community-benefits>. Accessed January 2022.

FY21 Charity Care and Other Community Benefits Summary

**SUMMARY OF CHARITY CARE AND COMMUNITY BENEFITS
BASED ON ILLINOIS COMMUNITY BENEFITS ACT
REPORTING STANDARDS
FISCAL YEAR ENDED AUGUST 31, 2021**

Description	Unreimbursed Cost	See Note No.
Charity Care	\$79,890,361	1
Language Assistance	7,557,262	2
Government Sponsored Indigent Health Care	849,133,826	3
Donations	6,389,055	4
Volunteer Services (Employee)	44,628	5
Volunteer Services (Nonemployee)	7,294	6
Education	76,290,144	7
Government Sponsored Program Services	---	8
Research	61,235,249	9
Subsidized Health Services	40,309,208	10
Bad Debts	22,870,798	11
Other Community Benefits	3,895,301	12
Total	\$1,147,623,125	

Note 1: Charity Care – This section of the report includes the unreimbursed cost of care provided to uninsured and underinsured patients served by NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM Huntley, NM McHenry, NM Woodstock,⁶ MRH and NM Palos (collectively “the Hospitals”) as well as by NMG and NM RMG.⁷ The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants *Accounting and Auditing Guide – Healthcare Organizations*). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association’s *Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers*). NMG and NM RMG are not required to file a Medicare cost report. Internally calculated cost-to-charge ratios specific to NMG and NM RMG were used to determine the cost of charity care for these entities. The resultant calculated cost

⁶ NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID.

⁷ The unreimbursed cost of care provided to uninsured and underinsured patients served by NM PMG was reported through NM Palos.

was then offset by any payments, consistent with the methodology for the Hospitals. **The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent health care program is not included in the unreimbursed cost figure for charity care.**

The costs of charity care in this report differ from NMHC's notes to the consolidated audited financial statements for FY21 where they were calculated by applying a cost-to-charge ratio developed prior to the Hospitals' FY21 Medicare cost reports to charges foregone for charity care. The FY21 Medicare cost reports were completed after the audited financial statements were issued. The costs of charity care for the Hospitals included in this report were calculated using the cost-to-charge ratios from the most recently filed Medicare cost reports for each of the hospitals.

Note 2: Language Assistance – The cost of language assistance programs includes both the cost of employees and nonemployees to provide translation services to NMHC hospital patients and family members.

Note 3: Government Sponsored Indigent Health Care – The cost of government sponsored indigent health care includes the unreimbursed cost of care delivered through the Medicare and Medicaid programs. The unreimbursed cost of Medicare and Medicaid was calculated by applying each provider's overall cost-to-charge ratio to its total Medicare and Medicaid inpatient and outpatient charges, and then subtracting payments received and receivable under these programs. The reimbursement and cost-to-charge ratios exclude direct medical education, as those costs are included as part of the unreimbursed cost of education. The cost-to-charge ratios are also adjusted for costs reported in other categories in this report. The unreimbursed cost of government sponsored indigent health care for FY21 is reduced by \$54.618 million of net reimbursement received under the Illinois Hospital Assessment Program (HAP) and Affordable Care Act Expanded Access Program.

Note 4: Donations – Donations include the dollar amount recorded during FY21 in accordance with United States generally accepted accounting principles as contributions from unrestricted funds to charitable and other community or civic organizations for furtherance of our charitable purposes.

Note 5: Volunteer Services (Employee) – NMHC is an organization that encourages volunteering during nonworking hours as a way of positively benefiting the community. Employees support numerous activities for the advancement of the community through volunteer efforts during nonworking hours, choosing some activities on their own and others from among those offered through NMHC.

Note 6: Volunteer Services (Nonemployee) – This includes the total number of hours provided by volunteers at all NMHC entities multiplied by the Illinois minimum wage rate.

Note 7: Education – Unreimbursed education costs include the cost of NMHC's medical residency, fellowship and internship programs, less any third-party payor reimbursements and fees received.

Note 8: Government Sponsored Program Services – NMHC does not have unreimbursed costs to report in this section.

Note 9: Research – NMHC provides support to advance medical and scientific research and academic pursuits. The reported support includes the unreimbursed cost of funds provided for research projects and unreimbursed operational infrastructure costs to support clinical research that occurs at NMH and MRH.

Note 10: Subsidized Health Services – Subsidized health services include the uncompensated cost of providing behavioral health services, health education and information, and programs that positively impact the wellness of the community. Costs calculated were offset by any reimbursement received for services provided. The unreimbursed cost for behavioral health services was also adjusted to exclude the unreimbursed cost of charity care and government sponsored indigent health care detailed elsewhere in this report.

Note 11: Bad Debts – Bad debts represent the provision for uncollectible accounts reported in NMHC's FY21 audited financial statements related to patient care services adjusted to cost consistent with the methodology used to calculate government sponsored indigent health care.

Note 12: Other Community Benefits – Other community benefits represent activities conducted by NMHC that benefit residents of the community, including general community-based health and service programs. Costs calculated were offset by any reimbursement received for the services provided.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act established the Provider Relief Fund, through which the United States Department of Health and Human Services (HHS) distributes funds to hospitals and healthcare providers on the front lines of the coronavirus response. NMHC received CARES Act Provider Relief funds in FY21. NMHC dedicated those funds to direct costs associated with combatting COVID-19 including purchasing personal protective equipment (PPE) for staff, expansion for COVID-19 patient units, COVID-19 testing areas and vaccination clinics at NMHC facilities, among other initiatives. These incremental costs have been identified and tracked separately in compliance with the CARES Provider Relief Funding received and are not included in the above summary of Charity Care and other Community Benefits amounts.

About the Health System

Organizational Information: Northwestern Memorial HealthCare and Its Subsidiaries

NMHC is the nonprofit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); KishHealth System (KHS); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Centegra Health System (CHS) including Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Memorial Medical Center d/b/a Northwestern Medicine Woodstock Hospital (NM Woodstock); Palos Community Hospital d/b/a Northwestern Medicine Palos Hospital (NM Palos);⁸ Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH); Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG); Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG); The Palos Medical Group, LLC d/b/a Northwestern Medicine Palos Medical Group (NM PMG);⁹ Northwestern Memorial Foundation (NMF); and other subsidiaries. NMHC may also be referred to throughout this report as “the Health System.” NMHC is submitting this Annual Report on Community Benefits for the fiscal year ended August 31, 2021 (FY21), on behalf of each of its member hospitals and the Health System.

Our Mission, Vision and Values¹⁰

Whether directly providing patient care or supporting those who do, every Northwestern Medicine employee and physician has an impact on the quality of the patient experience and the level of excellence we collectively achieve. This knowledge, expressed in our shared commitment to a single, patient-focused mission, unites us.

Mission

Northwestern Medicine is a premier, integrated academic health system where the patient comes first.

- We are all caregivers or someone who supports a caregiver.
- We are here to improve the health of our community.
- We have an essential relationship with Northwestern University Feinberg School of Medicine.
- We integrate education and research to continually improve excellence in clinical practice.

⁸ Palos Health joined the Health System on January 1, 2021. Palos Health is included in this Report from January 1, 2021 – August 31, 2021. Palos Health submitted a separate report for the period of January 1, 2020 – December 31, 2020.

⁹ In an effort to increase alignment, NM PMG was merged into NM RMG on September 1, 2021, which is beyond the scope of this report.

¹⁰ <https://www.nm.org/about-us>

- We serve a broad community and bring the best in medicine closer to where patients live and work.

Vision

To be a premier, integrated academic health system that will serve a broad community and bring the best in medicine — including breakthrough treatments and clinical trials enhanced through our affiliation with Northwestern University Feinberg School of Medicine — to a growing number of patients close to where they live and work.

Values

- **Patients first:** Putting our patients first in all that we do
- **Integrity:** Adhering to an uncompromising code of ethics that emphasizes complete honesty and sincerity
- **Teamwork:** Team success over personal success
- **Excellence:** Continuously striving to be better

The Health System

NMHC is committed to improving the health of communities we serve. Access to world-class patient care is available across Chicagoland and Northern Illinois. More than 33,300 physicians, nurses, allied health professionals, clinical support staff and administrative employees, as well as hundreds of volunteers, support delivery of quality medical care to the Health System’s patients. The Health System trained 979 residents and fellows in FY21. Serving a broad and growing patient base while achieving top patient outcomes, the Health System has provided care to patients from all 50 states and more than 100 countries through onsite care and clinical partnerships. In FY21, the Health System had more than 120,700 inpatient admissions and more than 3 million outpatient encounters.

Anchored by NMH, the No. 1 hospital in Illinois,¹¹ the Health System brings academic medicine closer to where patients live and work. The Health System continued to grow in FY21 with the addition of Palos Health. From emergent and acute care to critical access and specialized rehabilitative services, a full spectrum of care is provided at hundreds of sites across the region, including at 11 hospitals:¹²

- Northwestern Memorial Hospital in Chicago
- Northwestern Medicine Lake Forest Hospital in Lake Forest
- Northwestern Medicine Central DuPage Hospital in Winfield
- Northwestern Medicine Delnor Hospital in Geneva
- Northwestern Medicine Kishwaukee Hospital in DeKalb
- Northwestern Medicine Valley West Hospital in Sandwich
- Northwestern Medicine McHenry Hospital in McHenry
- Northwestern Medicine Huntley Hospital in Huntley

¹¹ 2021 – 2022 Best Hospitals Honor Roll and Medical Specialties Rankings, *U.S. News and World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

¹² Please see the appendix for more information on each hospital.

- Northwestern Medicine Woodstock Hospital in Woodstock
- Northwestern Medicine Palos Hospital in Palos Heights
- Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, in Wheaton

NM has established multidisciplinary teams of clinicians to develop and adopt evidence-based care pathways for routine and complex conditions, with the goals of enhancing safety and improving efficiency of care. In several specialties, clinically integrated programs deliver seamless patient care throughout phases of a patient’s condition, across multiple locations of care, with consistently applied standards of quality. Integration and expansion of key clinical service lines continued across the Health System in FY21.

The Health System is a recognized leader in delivering excellence in outcomes and patient experience. Engagement initiatives with patients, physicians, employees and the community drive improvement projects that have helped establish NMHC’s reputation and attract world-renowned specialists. The Health System remains on the leading edge of care thanks to our relationship with Feinberg.

Relationship With Northwestern University Feinberg School of Medicine

Working together as Northwestern Medicine (NM), NMHC and Feinberg share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people’s lives and the health of our communities. NM is a fully integrated academic health system. NMHC, through its affiliates, and Feinberg share a mutual commitment to the tripartite mission of clinical care, teaching and research. NMH is the primary clinical training site for Feinberg, including the graduate medical education programs sponsored by McGaw Medical Center of Northwestern University (McGaw). NMHC is the primary faculty practice plan for Feinberg, and NMHC physicians with Feinberg faculty appointments participate in the coordination of clinical instruction to clinical trainees of Feinberg.

Expansion of the Health System and increased collaboration has facilitated expansion of medical education across the region. The faculty of Feinberg and NMH work with our campus partners — Ann & Robert H. Lurie Children’s Hospital of Chicago and Shirley Ryan AbilityLab¹³ — to connect discoveries to the point of care, accelerate scientific breakthroughs and enable comprehensive training experiences. NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents also train at Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). In 2019, the Health System launched the Northwestern McGaw Family Medicine Residency at Delnor. Key clinical sites include NM Delnor, Northwestern Medicine Family Medicine Geneva and NM CDH. McGaw residents benefit from exposure to specialty clinical services including pediatrics, behavioral health, neurology and orthopaedics through rotations at NM CDH.

Historically and ongoing, NMHC has provided substantial financial support to Northwestern University (NU) to advance the academic mission of Feinberg. Initiatives where there is a direct link between funding provided by NMHC to NU for Feinberg activities, including in the realms of research and education, are discussed in this report. Nonetheless, NMHC and NU, including

¹³ Formerly the Rehabilitation Institute of Chicago.

Feinberg, remain separate institutions. As NU and Feinberg are not under the corporate umbrella of NMHC, the value and scope of the community benefits activities provided separately by those institutions are not counted in the NMHC community benefits totals.

Academic Medicine: Research and Education

As a fully integrated academic health system, NMHC has a tripartite mission to educate the healthcare workforce, support and conduct medical and clinical research, and to deliver high-quality patient care. With research and education at the core of what we do, the Health System contributes significantly to supporting the training of the next generation of healthcare leaders — including physicians, nurses, allied health professionals and administrators — and the clinical research necessary to ensure access to quality, innovative care for all. Less than 3% of all Illinois Medicaid Hospital Assessment Program (HAP) funds are dedicated to helping physician education and medical research.¹⁴ Combined with caps on Medicare-funded physician residency support, detailed below, academic medical centers (AMCs) are incurring substantial costs to conduct the education and research necessary for a future that includes a robust healthcare workforce and medical advancement. In FY21, the Health System absorbed more than \$137.5 million in unreimbursed costs for medical education and research.

Conduct and Support Breakthrough Research

Medical research led by physicians, physician-scientists and researchers spurs innovation and improves clinical outcomes, ultimately improving lives. Academic medicine plays an essential role in the process by providing direct and indirect support, state-of-the-art facilities and interdisciplinary collaboration. NM is committed to superior outcomes, academic excellence and scientific discovery.

Feinberg has a national reputation for excellence. Anchored by NMH, a vibrant AMC, NM attracts and retains dedicated faculty, students, trainees and staff who are constantly pushing the boundaries of scientific discovery, pursuing research that in turn informs education and patient care. Research is conducted in all Feinberg departments, institutes and centers, and its scientists are nationally recognized as experts in a multitude of fields. Feinberg pioneers leading-edge, transformational discoveries that are quickly applied to clinical practice, including in the advancement of the scientific understanding and medical treatment of COVID-19. In 2020, these achievements included the nation's first-known double-lung transplant for a patient recovering from COVID-19, a procedure that was expanded in 2021. For the 14th consecutive year, Feinberg has placed in the top 20 of research-intensive medical schools. Five of Feinberg's specialty programs were recognized as among the best in the nation: Internal Medicine, Obstetrics and Gynecology, Pediatrics, Radiology and Surgery.¹⁵

Feinberg is consistently recognized as a premier research organization, as demonstrated through the amount of funding provided by the National Institutes of Health (NIH). In 2021, Feinberg was again among the top 50 NIH-funded research institutions and leads all medical schools in Chicago in NIH funding. In 2020 – 2021, Feinberg principal investigators secured more than \$610 million in sponsored research funding and awards. While NIH is the primary source of

¹⁴ NM Office of Finance.

¹⁵ *U.S. News & World Report*, Best Medical Schools: Research, 2022. <https://www.usnews.com/best-graduate-schools/top-medical-schools/research-rankings>. Physical therapy, assessed every four years by *U.S. News & World Report*, ranked No. 4 in the nation in 2020. Feinberg's public health program was ranked No. 24, the second-highest ranking for a U.S. public health program that is part of a medical school.

federal funding for medical research, funding for research at Feinberg also comes from multiple additional sources, including NMHC.

NMHC directly supports Feinberg with operational budgets and grants, and additionally provides the clinical setting for teaching as well as the information to conduct research and education. This support allows Feinberg to both attract top talent and develop highly promising physicians and scientists early in their careers. Because of this foundational support, many physician-scientists previously supported by NMHC grants are now working under large, external grants and producing breakthroughs in multiple disciplines.

NM provides patients with access to groundbreaking new treatment options through an ever-evolving roster of promising clinical trials. More than 5,700 clinical trials and clinical research studies were conducted from 2020 – 2021. While teaching hospitals have long been at the leading edge of developing new technologies to prevent, detect, diagnose and treat a broad range of health issues, the Health System's continued geographic expansion has greatly increased access to clinical trials for patients in community hospitals. Simultaneously, geographic expansion has improved the diversity of the studies' patient populations, which increases the value of research conducted. The expansion and growth of clinical research across the Health System advances NM's vision to be a premier, integrated academic health system.

NMHC provides significant financial support to cover gaps in funding, to leverage extramural funding and to directly support research. Despite the operational complexities and strain on resources created by the COVID-19 pandemic, NM has continued to support research initiatives that span disciplines, departments and divisions. In FY21, the net unreimbursed cost of NMHC's contribution to research was approximately \$61.2 million. Funding from NMHC helped support the research initiatives outlined below, among many more.

Lifesaving Treatments for Patients Among the Nation's Sickest With COVID-19

The importance of academic medicine is especially evident as the world continues to battle COVID-19. Academic researchers, including those at NM, have worked around the clock with researchers across the globe to rapidly advance the science to understand, prevent and treat the virus that causes COVID-19. From the onset of the pandemic, the Health System deployed its medical and administrative leaders to harness the breadth of expertise at NM, and determine the most effective ways to manage surge levels of patients, evaluate rapidly evolving treatments, contribute to the body of scientific evidence utilized industry-wide, and understand the long-term impact of the infection and its unique clinical syndromes. From mass vaccination efforts, support for community partners, and launching the NM Comprehensive COVID-19 Center,¹⁶ to high-impact research and pioneering clinical treatments for patients who are severely ill, NM has been at the forefront of combatting COVID-19.

Despite optimal medical care, some patients with severe COVID-19 develop irreversible lung damage. For these patients, lung transplantation may be the only life-saving option. In June 2020, NM surgeons led by Ankit Bharat, MBBS, chief of Thoracic Surgery and director of the Lung Transplant program at NM, successfully completed the first double-lung transplant on a patient in the U.S. who had lung damage from COVID-19.

¹⁶ See the Access to Care section of this report.

In a new paper published in *Science Translational Medicine*,¹⁷ available online and free to the public, Dr. Bharat details his findings from his team's first three double transplant cases and explains the benefits of lung transplantation on patients who are critically ill as a result of COVID-19. In the early days of the pandemic, Dr. Bharat and his colleagues began studying the lungs of the patients who died from COVID-19. In June 2020, the team proceeded with the first double-lung transplant on a patient who had lung damage from COVID-19.

Since then, NM surgeons have performed more than 39¹⁸ transplants on patients who had COVID-19, the most of any health system in the world, with a surgical success rate of 100%. Many of these patients were transferred to NM from medical centers around the country and had exhausted all other treatment options by the time they arrived in Chicago. NM also completed one of the first successful "COVID-to-COVID" double-lung transplants, transplanting lungs from a donor who previously had the virus and died from other causes to a patient recovering from the virus. There was no reactivation of COVID-19 in the recipient. In addition, physician-scientists have developed new imaging techniques to analyze damaged lung tissue; for the first time, NM physicians have used matrix imaging to demonstrate that COVID-19 destroys the basic framework of the lung, in which case a double-lung transplant may be the only option for survival.

NM is hopeful that the need for such lifesaving procedures will diminish with wide distribution of COVID-19 vaccines. However, these surgeries have helped establish the safety of performing lung transplantation on patients who are critically ill, even those suffering from infectious causes of lung failure. This marks a new paradigm in transplantation. The cost of caring for patients with severe COVID-19 is exceptionally high, and many patients have exhausted all insurance coverage by the time they are transferred to NMHC. As a result, the Health System underwrites the majority of the cost of caring for these patients.

NM is committed to meeting the growing demand for lung transplants and lung treatments due to COVID-19 and lung cancer. In fall 2021,¹⁹ the Health System announced the launch of NM Canning Thoracic Institute, made possible by a \$20 million donation from John Canning, founder of Madison Dearborn Partners and chair of the NMHC Board of Directors. Canning Thoracic Institute will build upon NM's strong history of quality respiratory care and will provide groundbreaking research, clinical breakthroughs and high-quality care.

Advancing Health Equity Through Research and Investment

NM continues its work to address the underlying causes of health inequity through investments in disparity research and community-based research initiatives. Many dimensions of disparity exist in the U.S., especially in health. Health outcomes that are seen to a greater or lesser extent between populations are disparities. Race or ethnicity, sex, sexual identity, age, disability,

¹⁷ Bharat A, Querrey M, Markov NS, et al. Lung transplantation for patients with severe COVID-19. *Science Translational Medicine*. 2020. <https://www.science.org/doi/10.1126/scitranslmed.abe4282>. Accessed January 2022.

¹⁸ Of these 39 transplants, 36 were double-lung transplants and three were single-lung transplants.

¹⁹ Beyond the scope of this report.

socioeconomic status and geographic location all affect a person's ability to achieve good health, thus influencing the health outcomes of specific populations.²⁰ By investing in research, NM is discovering interventions that will reduce health disparities, thus advancing health equity.

The NM Center for Health Equity Transformation (CHET), a multidisciplinary enterprise of Feinberg's Institute for Public Health and Medicine (IPHAM) and Robert H. Lurie Comprehensive Cancer Center of Northwestern University at NMH,²¹ is committed to lifting health for all by exposing root causes of health inequities and serving as a hub that pushes boundaries in research, education, workforce development and community engagement. CHET prioritizes research investigations that focus on diverse populations that have been historically underserved and underrepresented. From cancer health equity to increasing diversity in clinical trials, and from healthy aging to food insecurity, CHET made significant research advances for health equity in FY21.

Feinberg's Center for Community Health (CCH) facilitates community and population health research, in part through partnership brokering and seed grant funding through the Alliance for Research in Chicagoland Communities (ARCC). Established in 2008, ARCC supports community-academic research partnerships between Chicagoland communities and NM that benefit the people being researched and improve health and equity. In FY21, NMH committed \$100,000²² to ARCC seed grants. Additionally, NMH leaders dedicated their time to serve on ARCC's steering committee, which oversaw the seed grant award process. ARCC awarded seed grants to support the development and growth of 14 community-engaged research partnerships to improve health equity, including the following initiatives, among others:

- *Rebuilding Black Girlhood!: Nurturing Resistance, Cultivating Identities and Relationships With Black Girls*. Gloria Dotson-Lewis, Distinctively Me; and Leoandra Onnie Rogers, Psychology, Weinberg College of Arts & Sciences.
- *The Bayanihan Project: Filipinx/a/o Community Networks of Care in COVID-19*. Melissa Palma, Filipino Young Leaders Program; and Namratha Kandula, General Internal Medicine and Geriatrics, Feinberg School of Medicine.
- *It's a Family Affair: Establishing a Community-Based Research Partnership to Develop a Culturally Tailored, Family-Centered Dementia Caregiving Program*. Tonya Roberson, Helping Communities Help Themselves; and Rachel O'Connor, General Internal Medicine and Geriatrics, Feinberg School of Medicine.
- *Exploring Possibilities of Nature as Medicine in Humboldt Park to Develop a Sustainable Patient-Centered Outcomes Research Program*. Lucy Gomez-Feliciano, Chicago Park District; and Gloria Redondo, Family and Community Medicine, Feinberg School of Medicine.

²⁰ U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP), Healthy People, Disparities. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>. Accessed January 2022.

²¹ With Robert H. Lurie Comprehensive Cancer Center, NMH is No. 6 in the country for cancer and is the top-ranked hospital in Illinois for cancer, according to *U.S. News & World Report*, 2020 – 2021.

²² Funding for ARCC seed grants was made available from NMH's Bertha Helms James Endowment, which provides that a portion of the annual endowment income may be allocated to one or more community partners via a competitive grant process.

In 2021, NM investigators launched a new project that aims to mitigate food deserts — areas with limited access to affordable healthy food — as well as improve outcomes for patients with kidney disease in predominantly Black communities in Chicago. Collaborating on the project are NM’s African American Transplant Access Program (AATAP), Feinberg’s kidney research center NUGoKidney, and the Endeleo Institute, a nonprofit member organization of the Trinity United Church of Christ, which focuses on creating a culture of health in the Washington Heights neighborhood on Chicago’s South Side. This project aims to move beyond research to interventions into health equity for communities with a high population of people from racial and ethnic minority groups.

AATAP, NUGoKidney and Endeleo Institute previously worked together on an ARCC-funded research project that studied a community-identified issue: access to healthy food and education about healthy food choices as barriers to kidney health. They now aim to expand the Endeleo Institute’s recently established food pantry in Washington Heights. The project will add healthy food access and nutrition programming, support groups and educational resources to help guide community members in making healthier food choices, with the goal of reducing chronic disease and a specific focus on kidney disease. By building on community-led research and in accordance with community-reported need, the project is advancing health equity.

These projects are examples among many that demonstrate NM’s commitment to improving health equity and building partnerships with community-based organizations.

Educate the Next Generation of Healthcare Leaders and Caregivers

Working together with Feinberg as NM, the Health System serves as a premier academic health system teaching site to train the next generation of caregivers. By training physicians, nurses and allied health professionals, teaching hospitals and medical schools play a significant role in addressing the growing shortage of healthcare professionals in the U.S. Academic medicine also relies on highly skilled leaders in research and healthcare administration, among many others. NM supports these pathways through internships, fellowships, workforce development and on-the-job training opportunities, including in community-based settings.

Training the Next Generation of Healthcare Leaders

NMHC is committed to training the next generation of healthcare clinicians and leaders to help ensure that future demands for healthcare professionals in the U.S. can be met.

Addressing the Anticipated Healthcare Worker Shortage

America’s healthcare system depends upon a workforce that is qualified, talented, engaged and diverse. Prior to the COVID-19 pandemic, the U.S. was already facing a shortage of up to 124,000 physicians by 2033. Additionally, at least 200,000 nurses need to be hired annually in order to replace retiring nurses and to meet increased demand. Critical shortages of allied health and behavioral health professionals — especially in historically marginalized rural and urban communities — further jeopardize access to health care. These shortages are converging with an aging population, the persistent rise of chronic disease prevalence and behavioral health conditions, and continued advances in highly skilled care delivery. The COVID-19 pandemic has exacerbated the already daunting task of sustaining the healthcare labor pool. The nation’s care

teams that have been on the front lines of the pandemic and are now suffering from stress, trauma, increased behavioral health challenges and burnout. Healthcare workers are retiring and/or leaving the profession at a faster rate than ever before.²³ NM is committed to addressing these challenges by training the next generation of healthcare leaders and caregivers.

Medical Student, Resident and Fellow Training

As noted above, a national shortage of 124,000 physicians is projected by 2033. Training medical students and residents requires a massive commitment from both medical schools and hospitals. Those seeking to become physicians require an immense breadth of carefully planned clinical and educational experiences to gain the skills, knowledge and perspectives needed to achieve clinical proficiency. Essential to this education is interaction with patients under the guidance and supervision of experienced physician faculty members who are knowledgeable in the most innovative and effective care guidelines.

The projected physician shortage is driven by a number of factors, including the aging U.S. population, a retiring workforce and caps on Medicare-funded residency slots levied by Congress nearly 25 years ago. While the number of medical school graduates increased over the past two decades, Medicare-funded training opportunities for graduates remains frozen in time. The burden to fill these gaps is falling on hospitals to self-fund a portion of their residency slots. A recent report by the U.S. Government Accountability Office (GAO) found that 70% of all U.S. teaching hospitals are self-funding residency slots above the statutory limits imposed by the Balanced Budget Act of 1997.²⁴ NMHC recognizes the importance of training the next generation of healthcare professionals, and underwrites the cost of more than 500 McGaw-sponsored residency and more than 130 McGaw-sponsored fellowship slots at NMH that are unfunded by the federal government.

Teaching hospitals and the federal government recognize that providing hands-on training to physicians in residency and fellowship programs is necessary to ensure that an adequate number of physicians will be available to meet patient care demands, both in the short and long term. NMHC also provides substantial financial support to clinical fellowship programs for physicians seeking to be leaders in academic medicine, where they can contribute to their chosen areas of medical expertise through research. These programs will also ensure that physicians in sufficient numbers are trained in scientific research and discovery, and can continue to advance medical innovation.

NMH serves as the primary teaching hospital for medical students of Feinberg and for physicians in residency and fellowship programs of McGaw.²⁵ McGaw offers exceptional training

²³ 2021, *Fact Sheet: Strengthening the Health Care Workforce*, American Hospital Association. <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce>. Accessed January 2022.

²⁴ 2021, *Physician Workforce: Caps on Medicare-Funded Graduate Medical Education at Teaching Hospitals*, U.S. Government Accountability Office. GAO-21-391. <https://www.gao.gov/products/gao-21-391>. Accessed September 2021.

²⁵ McGaw sponsors graduate medical education programs at its member and member-affiliate institutions: NMH, NM LFH, NM Delnor, Shirley Ryan AbilityLab, Jesse Brown VA Medical Center, John H. Stroger Hospital of Cook County, Swedish Covenant Hospital, and Ann & Robert H. Lurie Children's Hospital of Chicago.

experiences at nationally ranked hospitals and fosters a culture of diversity, innovation and excellence. Feinberg and McGaw attract extraordinarily talented and dedicated students who will be among the nation's top physicians and scientists. During academic year 2020 – 2021, Feinberg welcomed 3,472 McGaw medical residents, fellows and other medical students. Most of these students were trained through supervised medical practice at NMHC institutions; a large portion of the patients at NMH receive at least some of their care from these trainees.

Reflecting the growth of the Health System, NM's Department of Family and Community Medicine now offers three residency programs — Humboldt Park, Lake Forest and Delnor — that provide unique opportunities for residents to develop their research and leadership skills, and gain clinical experience in providing care to populations that have been medically underserved.

Established in 2010 in collaboration with Erie Family Health Centers (Erie), the Northwestern McGaw Family Medicine Residency at Humboldt Park provides high-quality medical education and encourages the development of family medicine physicians who will be leaders in primary care and advocacy for communities that have been historically underserved. Residents in the program provide care at Erie's West Humboldt Park location and at Swedish Covenant Hospital. Eight residents are admitted to the program each year.

The Northwestern McGaw Family Medicine Residency at Lake Forest welcomed its first class of students in 2015. The program at NM LFH is dedicated to the education of outstanding family physicians and community leaders. Residents participate in a Spanish immersion program and complete clinical rotations in three locations with different types of patients — inpatients, at NM LFH; outpatients, at NM Grayslake Outpatient Center; and patients at Erie HealthReach Waukegan (Erie Waukegan). Erie Waukegan, a FQHC that offers a wide range of social services to patients who are economically disadvantaged, is partially funded by NM LFH. NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 23 residents in FY21.

Most recently, the Health System launched the Northwestern McGaw Family Medicine Residency at Delnor in 2019. The three-year residency program is the only program in Chicago's west suburbs with the program sponsor and clinic in the same location. With exam rooms and instructional space in the same place, the clinic simultaneously provides a full spectrum of training for students while offering convenient, comprehensive care for patients. The program helps meet the primary care needs of patients in the west suburbs, and encourages graduating residents to remain in the region. Residents in the program see patients at the clinic, at NM Delnor and in the inpatient pediatric unit at NM CDH; residents also make house calls. The program had 23 residents in FY21.

Since 1994, MRH has trained residents in the highly specialized field of physical medicine and rehabilitation (PM&R) through clinical experience, educational opportunities and research activities. Clinical experiences are offered in care for brain injury, stroke, pediatric conditions and spinal cord injuries, among others. During the three-year program, MRH residents also have the opportunity to care for patients at Edward Hines, Jr. VA Hospital; Captain James A. Lovell Federal Health Care Center; and Rush Copley Medical Center. The curriculum at MRH balances inpatient and outpatient responsibilities, and provides broad-based training, thus preparing

residents to enter into a clinical practice, pursue a fellowship or establish an academic career. In FY21, 18 residents trained at MRH.²⁶

Established in 2016, the Chicago Medical School Internal Medicine Residency Program at NM McHenry²⁷ fosters excellence in clinical skills and medical knowledge among its residents. The curriculum offers rotations in each of the subspecialties of internal medicine in both inpatient and ambulatory settings. In FY21, 34 residents trained at NM McHenry.

Providing residency and fellowship training is costly, and hospitals that train residents incur significant direct and indirect costs, including stipends and fringe benefits for residents; salaries and fringe benefits for faculty who supervise the residents; other direct costs such as the salaries of administrative support; and allocated institutional overhead costs. The Direct Graduate Medical Education (DGME) payment system of Medicare compensates teaching hospitals strictly for Medicare's share of the costs directly related to training residents. (Compensation is strictly related to the training of residents and is not provided for the education of medical students.) According to the AAMC, the cost to hospitals for training a single resident averages \$100,000 per year. Of that cost, Medicare generally pays around \$40,000. Across the United States, teaching hospitals spend \$13 billion per year training residents.²⁸

Future healthcare professionals in many other disciplines also train at NMHC as described in later sections of this report. In FY21, the net unreimbursed cost of NMHC's education programs was approximately \$76.3 million.

Hands-On Community Medical Education

Established in 2011, the Education Centered Medical Home (ECMH) program is an innovative program at Feinberg that offers medical students the opportunity to learn at primary care clinics organized around the Patient Centered Medical Home (PCMH) model. The four-year program allows students to experience providing continuous care to patients from populations that have been medically underserved, while simultaneously getting a high-quality education and an improved understanding of chronic conditions in a variety of health settings. Working with a team of students and attending physicians, the ECMH program provides care to a cohort of patients deemed high-risk for worsening health and, importantly, increases the capacity of community clinics to have follow-up contact with patients.

The ECMH primary care sites include FQHCs and free clinics that are located in historically under-resourced communities in Chicago. NMH underwrites the cost of the ECMH programs at Erie, CommunityHealth and Near North. In FY20, NMH supported ECMH expansion at three additional Near North sites including at Komed, Denny and Winfield-Moody; FY21 was year two of the \$600,000 grant.

²⁶ MRH's residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

²⁷ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

²⁸ 2015, *Teaching Hospitals: Preparing Tomorrow's Physicians Today*, American Hospital Association, [15june-tw-teachinghosp.pdf \(aha.org\)](#).

In FY21, the ECMH program was expanded to include students in Feinberg's Physician Assistant (PA) Program. Previously only open to medical school students, ECMH now also offers PA students the opportunity to gain team-based, clinical experience and exposure in a community setting. Additionally, the integration provides both PA and medical school students the opportunity to learn about what each discipline brings to the program, fostering trust and interdisciplinary collaboration.

Medical school students who participate in the ECMH program report improved continuity of care experiences, higher satisfaction with their primary care learning climate, more confidence and improved skills. The opportunity to provide patient care early during their medical school education while serving the community has proven to be a strong recruiting tool for Feinberg and encourages students to explore careers in fields where physicians will be in particularly high demand, including family and internal medicine.

Serving the Community

Populations and Communities Served by NMHC

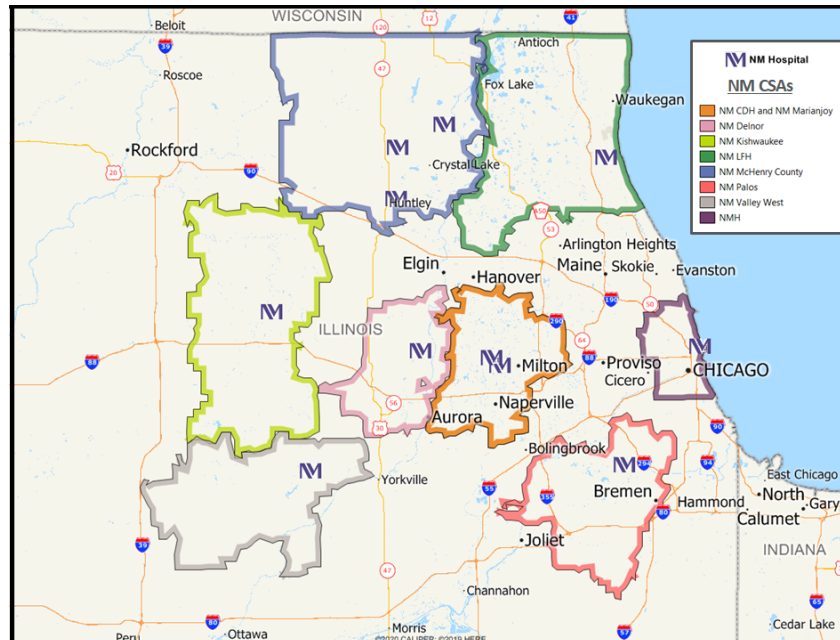
The communities served by NMHC hospitals are complex and diverse, encompassing rural, suburban and urban areas, with a range of socioeconomic statuses and impacts of SDOH that correspond to these demographics. NMHC is committed to providing care that takes into consideration the cultures and environments in which our patients live and is responsive to their needs. NMHC works closely with community partners, including health and social service partners, to identify priority health concerns and jointly develop community-based health initiatives designed to address healthcare disparities.

Each NMHC hospital considers a variety of factors when defining its community. These factors include:

- Geographic area served
- Principal functions of the hospital
- Areas of high hardship and the population served
- The location of existing NM and community assets
- The service areas of other healthcare providers

By considering each of these factors, each NMHC hospital has defined its own Community Service Area (CSA) and is working to meet the unique needs of the community it serves.²⁹

The following map outlines the communities served by the Health System.³⁰



²⁹ See appendix for more information on the services each Health System hospital provides in its respective community.

³⁰ While MRH considers DuPage County its CSA, due to its unique services, it also serves as a destination hospital for surrounding counties. Patients often travel from Cook, Will, Kane, Kendall, DeKalb and LaSalle counties, among many more, to receive care at MRH.

Every three years, each NMHC hospital completes a Community Health Needs Assessment (CHNA) to better understand the health issues that are of greatest concern within its CSA. With this information, each NMHC hospital is able to determine how best to commit resources to address those issues. The CHNA process is described in detail later in this report. By executing the NMHC Community Benefits Plan with sensitivity to the unique needs of the populations and communities served, NMHC is able to have the greatest possible impact on community health status.

Better Medicine, Closer to Home

NM is a growing, nationally recognized, fully integrated academic health system that has substantially increased access to advanced specialty care as well as high-quality primary care throughout Chicagoland and Northern Illinois. NM provides world-class care at 11 hospitals and more than 200 ambulatory sites, now serving more than 1 million unique patients annually across Northern Illinois through a single clinically integrated network. Together with Feinberg, we are pursuing excellence in patient care, closer to home.

The geographic reach of NM allows us to meet the growing demand for quality health care. Our recent affiliations and ongoing growth make it possible for us to serve more patients, closer to where people work and live. To better serve patients in the southwest suburbs, the Health System welcomed Palos Health on January 1, 2021.

To better understand the unique needs of our communities, each NMHC hospital collaborates with a broad network of community partners. Many such collaborations have not only been vital to the Health System's COVID-19 response, but have all been expanded to help meet the evolving needs of the patients and communities we serve. Through community-based efforts, our hospitals have worked to expand access to care, address needs associated with SDOH, and increase equity through workforce development and youth pipeline programs in communities with some of the most socioeconomic disadvantages, among many more efforts.

NMHC's Community Benefits Plan³¹ and Community Health Needs Assessments

NMHC's mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education, *one patient at a time*. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax-exempt organization. The Department of Community Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities. Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:

³¹ The Illinois Community Benefits Act requires certain hospitals to file a report with the Offices of Attorney General (OAG) six months after the hospital/system fiscal year end (FYE). Illinois Public Act 102-0581 requires new information to be part of the community benefits report as of January 1, 2022, including additions to the requisite Community Benefits Plan. The OAG clarified in December 2021 that hospitals with FYEs in 2021, but reports filed in 2022, do not need to include the new requirements. NMHC's FYE was August 31, 2021, but our annual Report on Community Benefit is not due until February 28, 2022. As such, NMHC has not included the new requirements in this FY21 Report on Community Benefits. The new requirements will be met in our FY22 Report on Community Benefits due to the OAG in February 2023.

- Provide quality medical care, regardless of the patient’s ability to pay
- Honor NM’s mission and commitment to the community
- Be responsive to the assessed needs of the local community served by each hospital
- Forge relationships with local community organizations to help address SDOH
- Evaluate the public health impact of NM programming, and replicate by geography and/or disease state with sensitivity to the individual needs of our patients, their families and the communities we serve
- Leverage our strengths as a premier academic health system to train the next generation of health professionals and use evidence-based models for community health engagement
- Leverage our bond with Feinberg to be leaders in quality, academic excellence, scientific discovery, patient safety and research-informed treatment

Aligned with our mission and Community Benefits Plan, and in accordance with the requirements of the Patient Protection and Affordable Care Act (ACA), each of the Health System hospitals works with community and academic medical center partners every three years to complete a comprehensive CHNA that identifies the highest-priority health needs of residents of its CSA.³² All CHNAs for the Health System are available online at nm.org/about-us/community-initiatives/community-health-needs-assessment.

With Feinberg, NMHC brings to bear the resources of a world-class, integrated academic health system to advance our Community Benefits Plan and CHNA initiatives in ways that could not be achieved as stand-alone hospitals. Providing better care closer to home allows our communities access to the latest developments in education and research that previously may not have been available at the community level. This includes:

- Seeking root causes to health conditions, and collaborating with scientists and clinicians to develop solutions
- Enhancing access to health care
- Improving clinical quality
- Advancing medical innovation
- Ensuring that a highly skilled healthcare workforce is in place for decades to come
- Addressing SDOH

CHNAs provide information that enable hospitals to identify health issues of greatest concern among residents in their communities and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health status. NMHC employs a systematic, data-driven approach to determine the health status, behaviors and needs of the residents of each hospital’s community. Each CHNA establishes priorities aimed at achieving three key strategies: improving residents’ health status; reducing health disparities; and increasing access to preventive services.

³² See section titled “Populations and Communities Served by NMHC” for CSA definition.

The CHNAs and corresponding implementation strategies are developed with input from community healthcare organizations and other social services and public organizations that understand and help represent the wide-ranging healthcare needs of the residents in our communities. These strategies are grounded in public health models developed with our community partners and Feinberg faculty, in which residents of our communities are informed and able to make healthy lifestyle choices, manage their chronic health conditions and receive medically necessary healthcare services in the most appropriate setting. For FY21, each hospital implemented programs to address the identified priority health needs shown in Figure 1.

Figure 1

FY21 NMHC IDENTIFIED PRIORITY HEALTH NEEDS									
Priority Area	NMH	NM LFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	MRH	NM McHenry, NM Huntley and NM Woodstock	NM Palos
Access to Health Care	X	X	X	X	X	X	X	X	X
Chronic Disease	*	X	X	X	X	X			
Economic Vitality and Workforce Development	X								
Cardiovascular Disease		*						*	X
Injury and Violence Prevention	X						X		
Mental Health	*	X	X	X	X	X		X	X
Older Adults and Aging						X			
Promoting Independence and Activity							X		
Social Determinants of Health		X	X	X			X		
Structural Inequities	X								

**Area of focus under select Priority Health Needs*

We believe that our mission to improve the health of the communities we serve is best accomplished in collaboration with partners in both the community and within the organizations that comprise NM, including the Health System and Feinberg. Our affiliations with community-based healthcare organizations and community partners enable the Health System’s organizations to meaningfully improve access to high-quality health care and implement targeted programs that address the highest-priority health needs of the community.

NMHC Community Roles

Provide Quality Care, Regardless of the Patient's Ability to Pay

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, we maintain our dedication to improve the health of members of our community who are the most medically underserved.

NMHC's financial assistance programs and outreach services enable us to serve patients with the highest socioeconomic needs in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those who do not have the resources to pay for it. Many NMHC hospitals are leaders in providing charity care in their respective communities. The unreimbursed cost of charity care for NMHC was approximately \$79.9 million in FY21.

The Health System is a leading provider of care for patients with Medicaid coverage in Illinois, handling approximately 112,000 inpatient days, 23,000 admissions and 183,000 outpatient visits annually. Along with some of the area's safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. NMH is the third largest provider of care to beneficiaries of Illinois Medicaid as well as the third largest provider of unreimbursed charity care in the state.³³ NMH's commitment to patients on Medicaid has increased over the past five years: The volume of Medicaid inpatient days handled by NMH has increased by nearly 32%; the number of Medicaid admissions has risen by 10%; and volume of outpatient care is up by 27%.³⁴

Driving NMH's large and growing Medicaid volume is NM's mission to put patients first in everything we do. NM is dedicated to providing access to quality healthcare services to improve the health of all people in the communities we serve. NMH is a destination for those seeking care from across Chicagoland, including patients on Medicaid. Approximately 16,000 individual patients on Medicaid who live on Chicago's South and West sides receive their care at NMH.³⁵ Patients on Medicaid account for more than 26,000 visits annually to NMH's Emergency Department (ED), 80% of whom arrive by means other than ambulance; these patients bypass multiple hospitals in order to receive care at NMH. More than 38% of all patients who seek care at NMH's ED live 10 or more miles from the hospital, and most of those reside on the city's South and West sides.³⁶

Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest

³³ Illinois Department of Healthcare and Family Services (HFS), Review of Hospital Utilization Data, 2015-2020; and, Illinois Department of Public Health (IDPH), Annual Hospital Questionnaire.

³⁴ HFS, Review of Hospital Utilization Data, 2015-2020.

³⁵ NM Office of Data Analytics.

³⁶ IDPH; NM Office of Data Analytics.

Medicaid provider in McHenry County.³⁷ NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.³⁸

The Illinois Medicaid Hospital Assessment Program (HAP) is a financing mechanism intended to ensure that Illinois residents who are experiencing poverty have adequate access to healthcare services. A special state tax on hospitals funds this program.³⁹ The state then receives matching funds from the federal government. The HAP is a necessary program that helps offset the low reimbursement traditionally provided to hospitals by the state's Medicaid program. As demand for care of patients on Medicaid increases, the imbalance between the Medicaid reimbursement received and the taxes paid by NMH to support the HAP is straining the ability to maintain access to care and continue investing in the health of our communities. NMH is by far the single largest hospital taxpayer in Illinois, paying more than \$80 million in HAP taxes annually to support the delivery of care to patients in Illinois on Medicaid.⁴⁰ Despite the significant amount of taxes paid annually to support the HAP, NMH absorbs more than \$43 million in unreimbursed Medicaid costs annually.⁴¹

In FY21, the unreimbursed cost of Government Sponsored Indigent Health Care services for NMHC totaled more than \$849.1 million.

Bad debt is driven in part by patients under active treatment who encounter network restrictions or changes in coverage limits when their healthcare insurance changes. Similarly, if an insurer denies coverage while a patient is under active treatment, NMHC continues to provide care for these patients through the duration of their treatment, even if not reimbursable. Together, these contribute to the cost of bad debt.

A comprehensive regional health system includes healthcare provided beyond hospitals and health systems, including a robust public health function, coordinated emergency management, behavioral health and substance abuse programs, long-term health care, and others. NMHC contributes to regional health systems through leadership, providing expertise, and ongoing support of high-quality programs that predictably and consistently result in a loss to NM. These services range from trauma care to comprehensive behavioral health services and community-based programs. NM hospitals collaborate with private and public health organizations to ensure a full spectrum of high-quality, well-coordinated healthcare services is available in the communities we serve. In FY21, the net cost of subsidized healthcare services provided by NMHC totaled more than \$40.3 million.

³⁷ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days. NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program; children account for 46% of all patients on Medicaid.

³⁸ Illinois Department of Healthcare and Family Services (HFS).

³⁹ HAP taxes are imposed on all hospitals in Illinois, except for government-run hospitals (e.g., University of Illinois and Cook County Stroger and Provident hospitals), which do not participate in the program.

⁴⁰ M. Werner Consulting; HFS.

⁴¹ Annual Nonprofit Hospitals Community Benefits Plan Report for the Fiscal Year Ended August 31, 2020; Northwestern Medicine.

In total, NMHC contributed more than \$992.2 million to charity care, other unreimbursed care, subsidized health services and bad debt in FY21.

Financial Assistance at NMHC

NMHC is committed to providing financial assistance under the charity care, Presumptive Eligibility and other programs to Illinois residents who cannot afford to pay. To best meet patients' needs, two financial assistance policies were in place across the Health System in FY21: (1) NMHC Financial Assistance Policy and (2) Palos Health Financial Assistance Policy. In an effort to improve alignment across the Health System, as of September 1, 2020, NM McHenry, NM Huntley and NM Woodstock are covered by the NMHC Financial Assistance Policy. Both policies fully comply with the Illinois Fair Patient Billing Act, the Illinois Hospital Uninsured Discount Act and other relevant laws, and are described in further detail below.

Financial Assistance at NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, MRH, NMG and NM RMG

The NMHC Financial Assistance Policy in effect during FY21 applied to NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, MRH, NMG and NM RMG. Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),⁴² to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of the FPL receive 100% free care for medically necessary services.⁴³ Discounted care is available for patients who are uninsured and earning 251% to 600% of the FPL.
- For patients who have insurance, the Financial Assistance Policy waives out-of-pocket expenses, except co-pays, for medically necessary services if their income is less than or equal to 250% of the FPL. Discounted care is also available for medically necessary non-covered services for patients with insurance earning 251% to 600% of the FPL.
- The Financial Assistance Policy also includes a Catastrophic Program for patients who qualify with household income between 251% and 600% of the FPL. (Patients at or below this level are eligible for free care.) Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income, with payments spread over a three-year period.
- Patients seeking care at NMHC emergency departments receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

⁴² The FPL in calendar year 2021 was \$26,500 for a family of four living in the 48 contiguous states.

⁴³ The NMHC Financial Assistance Policy was amended to increase the FPL threshold for 100% free care from 200% of FPL to 250% of FPL in FY20.

Financial Assistance at NM Palos and NM PMG

The Palos Health Financial Assistance Policy in effect during FY21 applied to NM Palos and NM PMG. Work is underway to align the financial assistance policies at NM Palos and NM PMG with NMHC.⁴⁴ Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),⁴⁵ to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of the FPL receive 100% free care for medically necessary services at NM Palos and NM PMG. Discounted care is available for patients who do not have insurance and earn 251% to 400% of the FPL at NM Palos, and for patients who do not have insurance and earn 251% to 600% of the FPL at NM PMG, inclusive of patients who are insured, uninsured and underinsured.
- The Financial Assistance Policy also includes a program to limit a household's annual responsibility for patients who qualify with household income less than 600% of the FPL. Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income.
- Patients seeking care at NMHC emergency departments receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

Additional Services and Patient Support

Additional services to support patients in need of financial assistance are available throughout the Health System. These services are often tailored to the individual communities each NM hospital serves and may vary by location. Some examples are described below. However, this is not an exhaustive list. Additional information is available by contacting the NM Financial Counseling office at 800.423.0523 or by visiting a Financial Counseling office at any NM hospital.

- In circumstances where patients (or guarantors) are not able to provide evidence of eligibility for the NMHC Financial Assistance Policy, NMHC hospitals may assess eligibility using third-party and public information. In this way, patients who are eligible can automatically receive the benefit of the program. In addition, in accordance with law, patients meeting specified criteria may be presumed eligible and not required to complete a financial assistance application (Presumptive Eligibility program).
- Patients (or guarantors) may apply for financial assistance even after collection efforts have been made and after an account has been referred to a third-party collection vendor. Third-party collection vendors are required to suspend collection efforts and refer accounts back to NMHC entities if they learn a patient has applied for financial assistance, or if they can determine that a patient may be eligible for financial assistance.

⁴⁴ In accordance with Illinois regulations, the Palos Health Financial Assistance Policy will remain in effect for two years following Palos Health System's merger with NMHC on January 1, 2021. Beyond the scope of this report, on September 1, 2021, NM PMG operations were merged into NM RMG. However, patients of NM PMG remain qualified for financial assistance under the Palos Health Financial Assistance Policy.

⁴⁵ The FPL in calendar year 2021 was \$26,500 for a family of four living in the 48 contiguous states.

- Interest-free installment payment plans are available at entities served by the NMHC Financial Assistance Policy (as outlined above) as well as under the Catastrophic Program for patients meeting certain conditions.
- Teams of financial counseling and patient financial inquiry representatives are available to help patients learn about and assess their eligibility for financial assistance programs as well as other government-based services including Medicaid/Medicare enrollment and the Senior Health Insurance Program (SHIP) at various NM entities. There is no minimum-services threshold required to receive this service. Some NMHC institutions utilize third-party representatives to assist with this process. Processes are in place to link patients with financial counselors when financial hardship is identified as a concern during clinical social services assessments.
- To increase awareness of financial assistance programs, all the NMHC Financial Assistance Policy, Application and Plain Language Summary documents have been developed in English, Spanish, Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Urdu and Vietnamese. The Palos Health Financial Assistance Policy and supporting documents are available in English, Spanish, Arabic and Polish. Signs are displayed in patient registration areas including emergency departments. Patients may also learn about financial assistance programs and obtain a financial assistance application for all NMHC entities at nm.org/patients-and-visitors/billing-and-insurance/financial-assistance (available in each of the aforementioned languages). Interpreters are available at no cost to provide financial counseling in the patient's preferred language.
- In FY20, NMH and NM LFH started the NM Drug Replacement Program through which staff work with drug manufacturers to enroll patients in assistance programs to ensure patients are able to afford their medication; this program has since been expanded to NMG, NM CDH, NM Delnor, NM Kishwaukee and NM Valley West. Third-party representatives assist with this process.
- In collaboration with local community clinical providers and social services providers, multiple NM entities conduct community outreach to increase awareness of NM financial assistance programs.
- NM CDH facilitates patients accessing expanded health insurance through involvement with the DuPage Health Coalition's Silver Access DuPage program. The program helps patients who qualify with low income upgrade to higher-level insurance plans on the ACA exchanges by providing subsidies to cover the cost difference between lower- and higher-level insurance plans.
- Registration staff and financial counselors continue to receive ongoing staff education and training to ensure that employees who register patients and those who provide financial counseling fully understand and are aware of the range of financial assistance programs available for patients. As part of NMHC's annual compliance training, all staff members are made aware of NMHC's financial assistance program and what to do if a patient expresses financial hardship.
- Patients from Near North Health Services Corporation, Erie Family Health Centers (Erie) and CommunityHealth can use documentation already completed at community-based sites to apply for the financial assistance programs at NMH, NM LFH and NMG. Work is underway to expand this program. Patients from the Family Health Partnership Clinic can use documentation already completed at its community-based site to apply for the financial assistance programs at NM McHenry, NM Huntley and NM Woodstock. NMHC

- may request additional information as necessary for patient financial assistance approval; this includes patients requiring surgery or complex services.
- Additional financial assistance has been provided to patients during the COVID-19 pandemic:
 - Upon patient request, NMHC has delayed monthly payments and discontinued automatic payments for those experiencing economic hardship.
 - The financial assistance team expanded outreach efforts and reduced paperwork requirements to help reduce patient inconvenience.
 - NMHC worked with patients who received any COVID-19-related diagnosis to hold patient billing statements and to work with their insurance to ensure it was properly applied with maximum benefits.
 - NMHC also worked with the Health Resources and Services Administration (HRSA) for reimbursement for self-pay patients in order to reduce patient liability.

Increasing Access to Healthcare Services

Access to quality health care is paramount for healthy communities. NMHC is taking efforts to improve access to care by providing leadership, investing resources and working collaboratively with other organizations within our communities. The Health System delivers world-class, culturally competent care to patients regardless of their ability to pay, race, age, gender or sexuality in the communities where our patients live and work. From fighting on the front lines of COVID-19 and continuing to expand FQHC partnerships, to piloting a SDOH screening tool, NM continues to coordinate and improve access to care for patients who have socioeconomic barriers to health and wellness.

Front Line of the Fight Against COVID-19

NMHC's commitment to our patients and communities has never been more evident as during the COVID-19 pandemic. NM was called on to respond to unrelenting demand for lifesaving healthcare services, accelerate research and science to rapidly discover and deploy novel treatments and vaccines, participate in public health vaccination strategies of historic magnitude, respond to the public's need for trusted, reliable information, and join with our community partners to address crisis food and shelter needs. Our organization responded in a way that only an organization of dedicated caregivers could respond — through relentless, compassionate delivery of uncompromised, high-quality care.

The COVID-19 pandemic continued to dominate virtually every aspect of life through 2021. At the time of drafting this report, Illinois had reported more than 2.5 million cases and more than 29,000 deaths from the virus.⁴⁶ Of the total numbers in Illinois, more than 1.4 million cases and more than 14,500 deaths have been reported in communities served by the Health System.⁴⁷

⁴⁶ Illinois Department of Public Health (IDPH) COVID-19 Statistics, Illinois Data, <https://dph.illinois.gov/covid19/data.html>. Accessed January 2022.

⁴⁷ IDPH COVID-19 Statistics, Illinois Data, <https://dph.illinois.gov/covid19/data.html>. Combination of data for Chicago and Cook, Lake, DuPage, Kane, McHenry and DeKalb Counties: proxies for NMHC CSAs. Accessed January 2022.

Honoring our mission to provide quality medical care regardless of the patient’s ability to pay, NMHC provided — and continues to provide — a full spectrum of care for patients with COVID-19. From education, testing and vaccination, to treatment and rehabilitation, NMHC physicians, nurses and support staff have been on the front lines of the pandemic. NM’s reputation for excellence led many patients to seek care at our hospitals, with each NMHC hospital providing care to patients from areas in their respective communities hardest hit by COVID-19. The Health System had the second largest number of discharges from ZIP codes in Illinois defined as “high hardship.” Through FY21, the Health System was among the largest providers of COVID-19 care to patients from high-hardship ZIP codes in our communities.

When COVID-19 vaccines became available, the Health System launched large-scale clinics to efficiently administer vaccines to as many patients as possible. As of fall 2021, nearly 270,000 COVID-19 vaccine doses had been administered by NMHC. Of these doses, 34% were administered to patients from high-hardship ZIP codes and 26% of doses were administered to patients in racial/ethnic minority groups. To improve access to vaccines, the Health System has worked with community partners, including FQHCs, to support vaccinations in the communities we serve. Collaborating with Erie in the West Humboldt Park neighborhood on Chicago’s West Side, NMHC was able to coordinate the clinical care, including operations, to run vaccination stations. Through the six-week initiative, 2,381 members of the community received both doses of the COVID-19 vaccine. In total, more than 90 staff members and more than 100 Feinberg students volunteered approximately 800 hours to facilitate the vaccination clinic.

At the onset of the pandemic, NM set up access channels so that community members could seek out trusted information, speak directly with clinical staff and access appropriate care. NM established a website dedicated to information about the virus as well as a COVID-19 Hotline to be a resource for those in the community seeking information, symptom screening and testing referrals.⁴⁸ To help combat false information and to help address vaccine hesitancy, NM has expanded education efforts through its website and social media channels.

Recognizing the disproportionate impact of COVID-19 on people in racial and ethnic minority groups, NM Internal Medicine Physician Kimbra A. Bell, MD, launched the Facebook Live series *COVID-19: Let’s Talk*. Once the vaccine was available, Dr. Bell again leveraged her knowledge and reputation to serve as a trusted source of information to help address vaccine hesitancy among people in predominantly Black communities. Collaborating with civic and faith organizations, as well as elected officials, Dr. Bell hosted a virtual Town Hall, inviting residents of Chicago’s South and West sides to learn about the science and safety behind COVID-19 vaccines.

The Health System also created the online series *Clergy & Clinicians* in collaboration with Bright Star Community Outreach (BSCO), a long-standing community partner, to discuss the disproportionate impact of COVID-19 on the people in predominantly Black communities. The series has since expanded to cover other medical issues of concern to residents in

⁴⁸ NMHC’s COVID-19 Hotline was offered as a service to the community without expectation of reimbursement. NMHC has not included the cost of providing the COVID-19 Hotline service in our FY20 or FY21 Community Benefits totals. The service is included in this narrative to demonstrate NMHC’s commitment to the community during the COVID-19 pandemic.

predominantly Black communities, and a Spanish-language program was created to address the COVID-19 impact on people in local communities who are Latin American.⁴⁹

Patients recovering from COVID-19 may need continuing care after being infected by the virus. The Health System is uniquely positioned to provide comprehensive care from leading-edge academic medicine at NMH to specialized physical and cognitive rehabilitative care at MRH. Recognizing that COVID-19 can affect many different systems in the body, and patients who have recovered from the virus may continue to have symptoms and/or may develop new complications, the Health System created the Northwestern Medicine Comprehensive COVID-19 Center. The center brings together a team of specialists to guide patients' long-term care as they recover from COVID-19. Specialties at the center include pulmonology, neurology, infectious diseases, social work, psychiatry and many others. Center specialists are located in clinics at NMH, NM LFH and NM CDH. In response to the urgent need for rehabilitative services for patients infected with COVID-19, MRH converted 12 beds to inpatient rehabilitation beds.

Advancing Equity Through Clinical Community Relationships

Key to addressing health needs is access to primary care physicians and advanced practice providers in the community, including through FQHCs. FQHCs are important safety-net providers in rural and urban communities that receive funds from the United States Health Resources and Services Administration (HRSA) Health Center program to provide care for populations that are medically underserved. Hospitals across the Health System have developed deep relationships with FQHCs and free clinics in their respective communities. Through these relationships, FQHCs provide primary care where it is critically needed, and NMHC collaborates to provide timely access to specialty care.

In FY21, the Health System recognized the opportunity to continue to advance our long-term equity strategy for patients, workforce and community through creating a visible and sustainable approach to advance equity. As part of this commitment, NMHC launched a key initiative aimed at aligning and strengthening community clinical provider relationships. Through this initiative, existing relationships were assessed, opportunities for support were developed and gaps identified. Two additional relationships were formalized in FY21:

- A care coordination agreement between NM LFH, NMG and Lake County Health Department/Community Health Center (LCHD/CHC)
- Relationships with Inner-City Muslim Action Network (IMAN) Community Health Center

In addition to the agreement with IMAN, NMH also committed to a \$400,000 grant to support health care and SDOH-related efforts.⁵⁰ Founded in 1966 by residents of Feinberg and Children's Memorial Hospital (now Ann & Robert H. Lurie Children's Hospital of Chicago), NMH has collaborated with Near North Health Services Corporation (NNHSC) for 55 years. In FY21, NMH built upon that relationship by helping NNHSC to locate, secure and offset the cost of new clinical space in Chicago's Streeterville neighborhood through a \$50,000 grant. NNHSC will work

⁴⁹ *Clergy & Clinicians* is available, free of charge, to the public at <https://www.nm.org/about-us/community-partnership-program/clergy-and-clinicians>.

⁵⁰ See the Workforce Development section of this report.

closely with NMH's Transitional Care Clinic (TCC) to meet the needs of residents in Streeterville who are medically underserved, including a large population experiencing homelessness.

The Health System currently fosters relationships with the following FQHC and community clinical providers across Chicagoland and Northern Illinois:

- Access DuPage Health Navigation Assistant
- Aunt Martha's Community Health Center
- CommunityHealth Free Clinic
- Erie Family Health Center and Erie HealthReach Waukegan
- The Family Health Partnership Clinic Free Clinic
- Greater Family Health FQHC
- IMAN Community Health Center
- The Josselyn Center
- Lake County Health Department/Community Health Clinic
- Near North Health Services Corporation
- TriCity Health Free Clinic
- VNA-Carol Stream FQHC

In FY21, the Health System partnered with FQHCs that combined provided primary care services for more than 300,000 patients at their sites, many of which are in our hospital services areas.⁵¹ Additional support for community clinical partners is provided through the ECMH program.⁵² On top of existing commitments, NMHC also committed approximately \$1.5 million to support operations at community clinical providers in FY21. The above are just some examples of the clinical community relationships the Health System has cultivated to help improve access to care in our communities. Additional opportunities to improve the continuum of care between our community clinical providers and the Health System, including technology investments, are currently being explored. NMHC greatly values each of these relationships and is committed to continuing to refine a common approach for collaborating with our clinical community partners to serve those who are uninsured and underinsured.

SDOH Screening Pilot

Access to care is just one factor that affects a patient's overall health. Health behaviors, social and economic factors, and the physical environment have a greater impact on an individual's overall health than critical care.⁵³ Colloquially referred to as SDOH, these are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.⁵⁴ To better understand how SDOH are affecting the health of our patients, in FY21, the Health System piloted a program aiming to gauge individual SDOH needs in different care

⁵¹ Health Resources & Services Administration (HRSA), Health Center Program Uniform Data Set (UDS) Data Overview. Accessed February 2022. <https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE>.

⁵² See the Education section of this report.

⁵³ University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps: Our Approach, 2016. <http://www.countyhealthrankings.org/our-approach>.

⁵⁴ Centers for Disease Control and Prevention, Social Determinants of Health: Know What Affects Health. Accessed January 2022. <https://www.cdc.gov/socialdeterminants/about.html>.

settings. Through the SDOH pilot, patients were screened for a concise set of SDOH that interfere with the health of patients; patients were then linked to referrals and interventions to help address identified needs.

In alignment with our guiding mission to put patients first, SDOH screening allows caregivers to provide increasingly comprehensive care. Initially, the screening is focusing on needs shown to be most important both nationally and in the NM regions: medical home; medication affordability; transportation to medical appointments; food insecurity; housing instability; and access to mental health care.

Patients who identify a concern through the screening are asked if they want to learn about resources for addressing their needs. Through a community referral platform called NowPow, a resource list is generated based on the patient's home ZIP code. NowPow has been integrated into NM's electronic medical record system to assist with case management and improve the patient's continuum of care.

The program was originally piloted at 15 sites of care across diverse geographic regions. Over the course of the pilot, more than 12,000 patients were screened for SDOH. Of these patients, about 10% requested referrals to help them navigate SDOH needs. Based on the success of the SDOH screening pilot, the program will begin to be made available throughout the Health System starting in FY22,⁵⁵ including ambulatory settings, obstetrics and gynecology practices, and emergency departments, among other sites.

Coordinating Care Transitions for Populations at Highest Risk of Poor Outcomes

Care transition refers to the process in which a patient moves from one healthcare setting or care team to another. When care is effectively transitioned, the sending and receiving clinicians share essential clinical information, communication is clear, patients are active participants and well-informed, and care is continued in a seamless manner.

Poorly managed transitions can result in preventable health complications, increased costs and potentially unnecessary readmissions. Researchers estimate that inadequate care coordination results in \$25 billion to \$45 billion in wasteful spending each year.⁵⁶ Transitioning between care settings or clinicians can be especially difficult for patients who have complex medical or socioeconomic needs. Those without a primary care physician or advanced practice provider often seek care in hospital emergency departments for both routine illnesses and treatment of unmanaged chronic medical conditions, neither of which emergency departments are positioned to provide. Compounding the challenge, some patients also experience psychosocial needs, insufficient insurance coverage, or financial, language and/or literacy issues.

NMH originally created the Transitional Care Clinic (TCC) in 2011 to support patients who do not have a primary care physician and who may not have the resources to coordinate proper follow-up care following a health crisis. Through a dedicated team of clinicians, social workers and health advocates, the TCC is able to address a patient's immediate needs and to stabilize their

⁵⁵ Beyond the scope of this report.

⁵⁶ Donald M. Berwick & Andrew D. Hackbarth, "Eliminating Waste in U.S. Health Care," April 11, 2012, p. 1514.

medical conditions. Additionally, the TCC coordinates with insurance companies, social service agencies and community health centers to help patients successfully transition to a community medical home.

In February 2020, the Health Center launched a second TCC site at NM LFH. Staff at NM LFH can now refer patients to the TCC who do not have a primary care physician and who meet at least one of the following criteria:

- Frequently utilize hospital services
- Have a challenging chronic condition
- Do not have insurance

The TCC at NM LFH collaborates with longstanding FQHC partner Erie Waukegan to provide a medical home for many patients who need services. Since its inception, the TCC site at NM LFH has served more than 500 patients. Demonstrating the impact that education can have on access to care, two physicians who were trained as part of the McGaw Family Medicine Residency at Lake Forest have returned to NM LFH to serve patients in the TCC.

In addition to linking the patient with a primary care physician or advanced practice provider, the TCC also provides patient education, medication vouchers, assistance with understanding medications, assistance applying for health insurance, and connections with other social services agencies to help meet patients' basic needs. Patients often continue to receive medically necessary diagnostic, specialty and inpatient care through the Health System even after their medical home has been established.

Workforce and Economic Development

Poverty and poor health are inextricably linked. People living in impoverished communities are at an increased risk for mental illness, chronic disease, more adverse health outcomes, lower life expectancy and higher mortality.⁵⁷ According to the most recent census data available, 1.7 million Illinoisans live in poverty.⁵⁸ NMH's most recently completed CHNA found that more than 75,500 individuals in NMH's CSA were unemployed, accounting for 8.6% of the civilian labor force. Unemployment is highly geographically concentrated on Chicago's South and West sides. Employment programs, career pipeline initiatives and local investment can improve economic stability for both individuals and communities. As the sixth largest employer in Chicago,⁵⁹ NMHC is committed to improving economic vitality through increased hiring, workforce development

⁵⁷ HHS ODPHP, Healthy People 2020, SDOH, Intervention and Resources, Poverty. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty#:~:text=Residents%20of%20impoverished%20neighborhoods%20or,mortality%2C%20and%20lower%20life%20expectancy.&text=Some%20population%20groups%20living%20in,adverse%20health%20outcomes%20than%20others>. Accessed January 2022.

⁵⁸ Illinois Commission on the Elimination of Poverty. <https://www2.illinois.gov/sites/poverty/Pages/About.aspx#:~:text=According%20to%20the%20latest%20census,are%20living%20in%20extreme%20poverty.&text=More%20information%20on%20the%20structure,Statues%20at%2020%20ILCS%204080>. Accessed January 2022.

⁵⁹ Crain's Chicago Business, Chicago's Largest Employers 2021. <https://www.chicagobusiness.com/craigslist/chicagos-largest-employers-2021>. Accessed January 2022.

and pipeline programs, and the procurement of supplies and services from companies based in economically under-resourced neighborhoods in the communities we serve.

Systemwide Workforce Development Initiatives

In FY21, NM continued to advance the Health System’s long-term equity strategy for patients, the workforce and the community. Central to this strategy are initiatives aimed at expanding an equity-based framework to increase recruitment and talent pipelines from under-resourced communities. Healthy People 2030 — a set of data-driven national objectives to improve health and well-being led by the U.S. Department of Health and Human Services (HHS) — categorizes SDOH into five categories, one of which is Economic Stability.⁶⁰ Employment is a key issue in the Economic Stability domain. Many aspects of employment, from job security and work environment and demands to financial compensation, can all impact health. Education, race, ethnicity and gender are all linked to disparities in employment.⁶¹

NM is committed to investing in the economic growth of the communities we serve, recruiting diverse candidates, and developing initiatives to unlock new employment opportunities and develop talent from under-resourced communities. In FY21, the Health System hosted or participated in approximately 150 job fairs and hiring events in addition to job readiness workshops for residents of communities with socioeconomic challenges. Additionally, the Health System expanded diversity, equity and inclusion (DEI) initiatives for talent, labor and pipeline programs.

NMH is a proud member of the Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative launched by U.S. Senator Dick Durbin in 2018. The HEAL Initiative is an action-planning partnership between 10 Chicago-area hospitals committed to tangibly impacting violence and trauma, and increasing economic opportunities in Chicago’s most underserved neighborhoods. NM employees hail from 85% of Chicago-area ZIP codes, including the most economically challenged areas and neighborhoods defined as “high-hardship” by HEAL. Through targeted recruitment, in FY21, NM increased hiring from HEAL communities by 22%, with 504 new employees from these communities joining the Health System. As part of our DEI strategy, the Health System is working to expand a “HEAL-like” framework to increase recruitment and talent pipelines from high-hardship areas in all of the communities we serve.

NM hospitals actively work with community partners to expand outreach and develop talent from under-resourced communities. In FY21, NMH formed a new partnership with IMAN, a community organization and FQHC on Chicago’s Southwest Side. As part of this relationship, NMH and IMAN are collaborating on job training and workforce initiatives for residents with a high burden of socioeconomic needs. The Health System is currently exploring similar collaborations with additional community partners.

⁶⁰ Healthy People 2030, Employment, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople>. Accessed January 2022.

⁶¹ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Accessed January 2022. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>.

Increasing Diversity in NM Clinical Schools and Programs

The U.S. healthcare workforce is experiencing critical shortages of allied health professionals, especially in historically marginalized rural and urban communities.⁶² NM is committed to training the next generation of healthcare professionals by offering various clinical education programs that prepare students for careers in the allied health profession through both clinical training and specialized didactic instruction. Aligned with our mission to put patients first and our workforce pipeline goals, the NM Clinical Programs are dedicated to providing students with enriching educational experiences, access to the delivery of exceptional care, and successful careers. These programs include:

- Accredited clinical schools: Diagnostic Medical Sonography, Nuclear Medicine Technology, Radiation Therapy and Radiology
- Certificate program: Medical Assistant (MA)
- Post-primary training programs: Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)

NM's clinical education programs have graduated more than 500 students since 2003 with a 100% board passage rate. Over the past five years, 100% of graduates have earned job placements, with approximately half of graduates accepting positions within the Health System.

NM is committed to cultivating a diverse workforce and actively recruits from historically underserved communities: 32% of currently enrolled students in NM's clinical education programs and 37.5% of employees enrolled in post-primary employee training programs are from traditionally underrepresented groups. In FY21, NM increased enrollment in the clinical education programs from HEAL ZIP codes by 22%. NM collaborates with community partners to make concentrated recruitment efforts from communities that historically have limited access to economic opportunities. These partners include Roosevelt University, the Chicagoland Healthcare Workforce Collaborative, and the Department of Family and Support Services, among others.

In addition to the NM clinical programs, the Health System hospitals also provide the clinical setting necessary for a wide range of students as part of affiliations with top regional universities and colleges. From hosting clinical rotations, to providing mentoring, clinician shadowing and traditional didactic lectures, NMHC provides education to thousands of future healthcare professionals each year. Many of these students will become professionals in fields with a current or anticipated future workforce shortage in the national healthcare system.

⁶² 2021, *Fact Sheet: Strengthening the Health Care Workforce*, American Hospital Association. <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce>. Accessed January 2022.

Youth Pipeline to Medical Education and Healthcare Employment

Racial and socioeconomic disparities are not limited to healthcare outcomes: They are also present within medical education and the healthcare workforce. Youth pipeline programs can help young people from traditionally under-represented communities learn about and gain valuable experience in medicine and health care. Youth pipeline programs across the Health System not only expose students to potential careers, they also lead to employment opportunities and improve our workforce.

Ongoing, comprehensive, on-the-job training and youth programs for high school, college and post-graduate students are offered at every NM hospital in both clinical and administrative settings. NM has long invested in programs that provide educational and employment opportunities for youth, often collaborating with schools and social services providers to reach those students who need the programs the most. In total, more than 2,500 students⁶³ engaged with NM in some capacity in FY21, with the participation rate from HEAL communities in youth pipeline programs rising from 5% to 14%.

Now in its 11th year, the NM Scholars program is a collaboration between NMH and Westinghouse College Prep (Westinghouse), a selective-enrollment high school on Chicago's West Side. NM Scholars provides talented high school students with the opportunity to learn about and pursue post-high school education in healthcare careers. In addition to receiving a behind-the-scenes understanding of clinical areas and potential careers from NM staff and Feinberg faculty, students in the NM Scholars program receive mentoring, an intensive summer program, ACT test preparation, and leadership and life skills development. The program had 21 participants in FY21; 52 students have graduated from the program to date, and 98% of alumni enrolled in college.

As the Health System has expanded, so too has the NM Discovery Program. In FY21, the program expanded to five chapters: NM Discovery Program Central, NM Discovery Program West, NM Discovery Program North, NM Discovery Program Greater DeKalb and NM Discovery Program Northwest Chapter. More than 150 students participated in the program in FY21. Students in the program are exposed to a broad range of activities to encourage their interest in healthcare careers. The Health System actively coordinates with community partners to recruit students of need to apply for the program. Since the program began, many participants have pursued careers in nursing and other healthcare fields, and several are now employed at NM.

Project SEARCH is a program for student interns with intellectual and developmental disabilities that provides employability skills training and helps students transition from high school to productive employment. In FY21, the program grew to five sites: NM CDH, NM Delnor, NM Kishwaukee, NM McHenry and NM Woodstock. Participants in the program are fully immersed in the workplace with a combination of classroom instruction, career exploration and hands-on training. There were 47 students in Project SEARCH in FY21 with 100% achieving employment at the end of their internship.

⁶³ Total does not include Feinberg students.

Recognizing a gap in NM’s catalog of youth pipeline programs for college students, in 2019 the Health System launched the NM Summer Pre-Med Program. The summer intensive program exposes college students majoring in pre-med to careers in health care and at NM through shadowing opportunities, a lecture series and a project program. In 2020, program leaders seized the opportunity to add value to the program through regional expansion to the north and west suburbs; increasing participation of students in underrepresented minority groups through recruitment in collaboration with historically Black colleges and universities (HBCU); and connecting to other NM youth pipeline programs. In FY21, the NM Summer Pre-Med Program’s selected participants increased program diversity by more than 90%. Nearly 30% of participants attend an HBCU, and 14% live in a HEAL ZIP code.

NM is committed to supporting students throughout the entirety of their education. In FY21, 9% of participants are alumni of either the NM Scholars or NM Discovery Program, and 43 former Summer Pre-Med Program students have applied to Feinberg.

Local Procurement of Supplies and Services

Purchasing products and services from local businesses creates jobs, improves public infrastructure, and provides both social and economic investment in the community. The Health System is committed to establishing a procurement plan to increase purchasing of supplies and services from the communities served by NM hospitals. Through this commitment, NMHC will increase our annual spend with vendors in low-income neighborhoods, increase the number of vendors from local communities that we do business with, and increase our annual spend with businesses owned by women and by people in racial and ethnic minority groups.

Major efforts have been made to promote economic development within the communities we serve. In FY21 alone, the Health System spent more than \$4.8 million on supplies and services from companies based in one of the HEAL ZIP codes, an increase of more than \$1 million over the past year. NMHC departments, including Planning and Construction, Technology Services and Internal Audit, among others, have launched collaborations with community organizations to promote opportunities for community residents as well as moved service contracts to local firms owned by people in racial and ethnic minority groups.

Community Engagement

Improving the health of the communities we serve cannot be achieved by any one organization, but rather necessitates collaboration across sectors and among private, public and not-for-profit entities. NMHC works closely with community partners, including health and social services partners, local school and park districts, faith-based organizations and local businesses, among others. Coupled with community input from the CHNA process, we work together to identify priority needs and develop community-based health initiatives designed to address healthcare disparities.

While access to care is critical to the health of communities, it is now recognized that improving health and health equity requires broad approaches beyond the traditional healthcare setting. Widely known as SDOH, the social, economic and environmental factors that influence health are key components of health and health outcomes. Each hospital in the Health System holds

longstanding relationships within its community, and is well positioned to participate in and facilitate collaboration among those who can respond to identified SDOH needs.

These roles were crucially important in 2021 as we worked to meet community needs exacerbated by the COVID-19 pandemic and extraordinary economic challenges. As an organization of caregivers, NM was driven to help our communities, and each NMHC hospital leveraged its own strengths to make a positive impact in a variety of ways. The Health System is making efforts to improve overall health and implemented multiple initiatives in FY21, some of which are outlined below.

Addressing Social Determinants of Health

Health starts in our homes, schools, workforces, neighborhoods and communities. SDOH factors including food security, safe neighborhoods and economic stability, among others, can have a profound impact on individuals' longevity and quality of life. Recognizing the importance of these factors in influencing the health of our patients and communities, NM LFH, NM CDH, NM Delnor, NM McHenry, NM Huntley, NM Woodstock and MRH have each chosen to prioritize SDOH as an identified health need in FY21. Additionally, NMH prioritized the specific SDOHs of violence prevention and structural inequities. Every NM hospital is working to address the SDOH of access to care, as previously discussed in this report.

We have long believed that our efforts to effect change are most powerful when undertaken in collaboration with, and leveraging the strengths of, our community partners. This has especially proven true as we work to address SDOH. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations and health departments, among others, to further these efforts. In FY21, the Health System and our hospitals collaborated with our community partners to address SDOH. The following are highlights of the many initiatives.

Reducing Barriers to Transportation in Lake County

Transportation barriers often prohibit residents of northern Lake County from accessing quality and timely medical care. Without access to transportation, people may delay care, miss appointments or not seek out care at all. Consequences manifest in poorer management of chronic diseases and poorer health outcomes.

NM LFH's longstanding FQHC partner Erie Waukegan has experienced this firsthand. Patients seeking obstetrics care at their clinic are among the highest acuity of their entire patient base. Recognizing the need for these patients to receive specialty care from NM LFH, together they developed a plan to remove the transportation barrier. NM LFH offsets the cost of this initiative through grant funding.

Addressing Food Insecurity in greater DeKalb and McHenry Counties

Food insecurity and insufficient access to healthy food are persistent issues in rural communities, including Greater DeKalb, McHenry and parts of Lake counties. Poor nutrition often leads to the development of chronic diseases, including heart disease, diabetes and cancer, among many others. The Farmers Market Coupon Program was launched at NM

Kishwaukee and NM Valley West in 2011 and was expanded to NM McHenry, NM Huntley and NM Woodstock in 2019. Through this program, individuals who have been identified as food-insecure receive coupons to local food markets for fresh fruits and vegetables. NM hospitals collaborate with local community clinics, health departments and farmers market vendors to implement the program; more than \$31,000 worth of vouchers were distributed in FY21. In addition to helping fight food insecurity, the program also provides support for local suppliers and fuels local economies.

NM is also working with the Northern Illinois Food Bank (NIFB) to address food insecurity. Through \$43,500 in grant funding and collaborative work with the NIFB, we are increasing awareness of and access to NIFB's partnering agency food pantries in DeKalb, McHenry and Lake counties.

Mental Health Support in the Western Suburbs

During the most recently completed CHNAs by NM hospitals in the western suburbs — NM Delnor, NM CDH, NM Kishwaukee and NM Valley West — survey respondents reported mental health as a major concern in their respective communities. In addition to the resources offered by the Health System to address mental illnesses in both inpatient and outpatient settings, each of the above-listed hospitals is providing mental health education and resources in a community-based setting.

One such initiative is Mental Health First Aid (MHFA). First created by the National Council for Mental Wellbeing, MHFA is a community-based program to reduce the stigma surrounding mental health and empower laypeople to notice and act when they suspect someone is having a mental health problem or crisis. Leaders from NM hospitals are certified to teach MHFA, working with organizations including the College of DuPage, Salvation Army, Northern Illinois Girl Scouts and DeKalb Community Mental Health Board, among others, to provide training to help educate the public.

According to the National Alliance on Mental Illness, 75% of all lifetime mental illnesses develop by age 24. Already exceptionally susceptible to mental illness, young adults have been profoundly impacted by the COVID-19 pandemic. A recent survey by the Centers for Disease Control and Prevention (CDC) found that 63% of 18- to 24-year-olds reported symptoms of anxiety or depression. One in four respondents also reported increased substance misuse due to dealing with the stress of the pandemic; an additional one in four stated they had seriously considered suicide.⁶⁴

Building on a longstanding relationship with Northern Illinois University (NIU), in FY21, NM Kishwaukee expanded its services to provide care directly to NIU students, faculty and staff by operating an on-campus health clinic. The clinic provides general medical care, women's health, sexually transmitted infections screening and treatment, specialty referrals, and telepsychiatry. Through telepsychiatry, NM is able to leverage our system infrastructure to provide expedited

⁶⁴ Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020. Vol. 69. No 32. Published August 14, 2022.

access — including same-day appointment access — to NM specialists and behavioral health services. In 2021, NIU students had more than 670 telepsychiatry visits with NM providers.

Fighting Endemic Violence and Improving Community Safety in Chicago

The root causes of community violence are multifaceted and include issues such as the concentration of poverty, education inequities, inadequate access to health services, and generational trauma, among others. The epidemic of injury and violence in Chicago is widely recognized, with 2021 being one of the deadliest years since the mid-1990s.⁶⁵ The city reported at least 800 homicides in 2021.⁶⁶

NMH has implemented practices to support violence prevention and to develop trauma-informed care in collaboration with community-based organizations. NMH has partnered with Bright Start Community Outreach (BSCO) since 2014 to provide trauma-informed care and address the underlying factors of violence in Chicago's Bronzeville community, including supporting BSCO's creation of The Urban Resilience Network (TURN) Model. More than 37,000 local residents have been supported by the TURN Model since its inception. In addition to more than \$1 million in direct funding provided to date, NMHC provides leadership and knowledge transfer, convenes community support, and provides governance, operational and fundraising support. NMHC's support for BSCO is current and ongoing.

⁶⁵ Chicago's most violent neighborhoods were more dangerous than ever in 2021. *Chicago Sun Times*, January 3, 2022. <https://chicago.suntimes.com/crime/2022/1/3/22858995/chicago-violence-dangerous-murders-per-capita-2021-2020-surge-garfield-park-police-lori-lightfoot>.

⁶⁶ Chicago reached at least 800 homicides in 2021, a level not seen in 25 years. *Chicago Tribune*, January 3, 2022. <https://www.chicagotribune.com/news/criminal-justice/ct-2021-homicides-final-20220103-lrpzuh5nsihspmos3edrzu2ei-story.html>.

Closing Remarks

Northwestern Memorial HealthCare (NMHC) is deeply committed to improving the health of the communities we serve. Our commitment has never been more evident than over the past two years as we continued to provide the highest level of care while responding to the critical needs of our communities as they faced the confluence of the COVID-19 pandemic, economic pressures, persistent violence and health inequities. At the heart of our organization are individuals who are called to be caregivers, driven to improve the physical, social and economic health of our patients, workforce and communities. Their tireless dedication allowed NM to remain unwavering in its mission through the challenges of FY21.

NM now provides care throughout Chicago, Northeast Illinois and beyond. The Health System grew to serve the south suburbs with the addition of Palos Health in FY21. NMHC follows a systemwide Community Benefits Plan that is executed with sensitivity to the individual needs of our communities, which span urban, suburban and rural populations. For generations, as bedrock institutions in our respective communities, the hospitals of NMHC have served the vital role of providing trusted medical care and responding to the needs in our communities in myriad ways.

In alignment with the tripartite mission of academic medicine, NM is committed to training a robust healthcare workforce including future physicians, nurses, allied health professionals and administrators. Concerted efforts are made to recruit students from traditionally underrepresented communities to serve as healthcare leaders of tomorrow. Training clinicians is exceptionally expensive and severely underfunded by government assistance programs. NM underwrites the cost of these programs to ensure that we can meet the growing healthcare workforce demands in our communities.

By leveraging our relationship with Feinberg, the Health System conducts and supports breakthrough research. Together, we are leaders in scientific discovery, quality, patient safety and research-informed treatment. Despite the abundance of resources needed to fight COVID-19, NM remained committed to addressing the underlying causes of health disparities in our communities and expanded clinical trials, among hundreds of other research initiatives.

In fact, NM's pioneering research and innovation has been crucial in the fight against COVID-19. The Health System spearheaded prevention efforts, engaged in mass vaccination efforts and introduced new treatments, including double-lung transplants to save patients whose lungs were severely damaged by COVID-19.

The Health System is committed to the communities we serve by providing access to quality care, regardless of the patient's ability to pay; cultivating economic vitality; and increasing community engagement. Our mission-driven commitment to members of our community who are the most medically underserved is underscored by our charity care and Presumptive Eligibility policies, and supplemented with additional financial assistance services. NMHC underwrites the cost of many critically important healthcare services, from trauma care to comprehensive behavioral health services.

NM's reputation for providing care to all was evidenced by the number of patients who bypassed many other sites of care to seek out care at NM hospitals; patients traveled from all

over the city of Chicago, state of Illinois and the country at large for exceptional care. The longstanding relationships NMHC institutions have cultivated with community clinical providers and FQHCs were strengthened and expanded in FY21, ensuring all members of our communities, including those who have been historically medically underserved, receive the care they need.

Poverty and underemployment have a detrimental impact and lead to poor health outcomes for individuals and communities alike. NM contributes to a vibrant economy through workforce and economic development, youth pipeline programs and local procurement. In FY21, the Health System concentrated workforce development efforts in high-hardship communities through job fairs, hiring events, job readiness workshops and pilot programs. As a member of the HEAL Initiative, NMH increased hiring from ZIP codes defined as “high-hardship” and made significant investments in those communities in the form of supply and services procurement.

Comprehensive job training and career development programs are offered at every NM hospital in both clinical and nonclinical settings. NM has long invested in programs that provide educational and employment opportunities for youth, often collaborating with schools and social services providers to reach those students who need the programs the most.

The Health System recognizes that we alone cannot improve the health of the communities we serve; in order to truly have an impact, we are committed to increasing community engagement and collaboration. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations, local school and park districts, and health departments, among others, to address the underlying causes of health disparities caused by SDOH. Efforts in FY21 were tailored to the unique community needs of each hospital and included interventions to address transportation needs, food insecurity, access to mental health support, and endemic violence, among others.

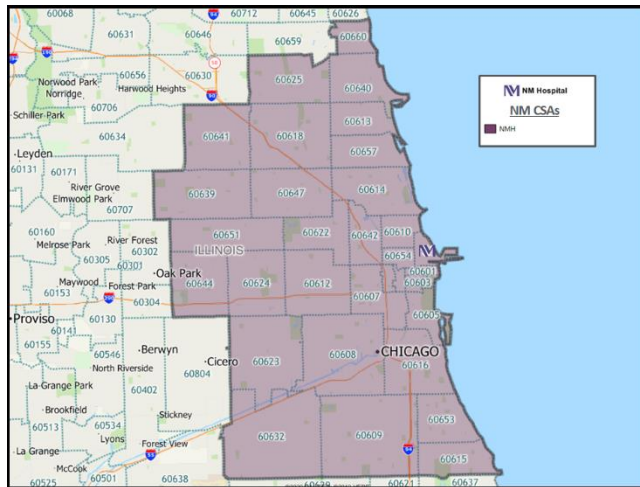
In total, for the fiscal year ended August 31, 2021, NMHC contributed nearly \$1.148 billion in community benefits, inclusive of charity care, other unreimbursed care, research, education and other community benefits to the state of Illinois.

**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2021
Appendix**

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Northwestern Memorial Hospital

The No. 1 hospital in Illinois,¹ Northwestern Memorial Hospital (NMH) is a 943-bed, adult acute-care, academic medical center (AMC) in downtown Chicago that provides a complete range of adult inpatient and outpatient services in an educational and research environment. For more than 150 years, NMH and its predecessor institutions have served the residents of Chicago. The commitment to provide quality health care, regardless of the patient's ability to pay, reaches back to the founding principles of our predecessors and continues to be integral to our mission to put patients first.



NMH serves a large, complex and diverse area, with patients coming from the city of Chicago and surrounding counties. NMH's CSA is defined as a 7-mile radius around NMH, which includes 34 ZIP codes.

NMH is among the limited number of hospitals in the United States to be designated as a major teaching hospital by the Association of American Medical Colleges (AAMC). Though comprising only 5% of the acute-care, general-service hospitals in the United States, in aggregate, major teaching hospitals provide a disproportionate amount of charity care and Medicaid inpatient services.² This proves true for NMH: NMH is the third-largest provider of charity care³ and the third-largest Medicaid provider in Illinois.⁴ As AMCs serve as major referral centers and have very specialized expertise, they provide care to those patients who are unable to receive necessary care elsewhere and therefore have a patient population that often have more complex medical conditions and socioeconomic challenges than the general patient population.⁵

In FY21, the hospital had more than 44,279 inpatient admissions. NMH's Prentice Women's Hospital is the largest birthing center in Illinois, completing nearly 12,400 deliveries in FY21. As the only adult Level

¹ 2021 – 2022 Best Hospitals Honor Roll and Medical Specialties Rankings. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

² 2018, *Teaching Hospitals Spent 20% More on Community Benefits Post-Affordable Care Act*, Association of American Medical Colleges.

³ 2020, Illinois Department of Public Health.

⁴ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days. NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program; children account for 46% of all patients on Medicaid.

⁵ 2016, *Policy Priorities to Improve the Nation's Health*, Association of American Medical Colleges.

I trauma center in downtown Chicago with 24/7 service, in FY21 NMH had nearly 81,000 emergency department (ED) visits. NMH is also the only AMC in downtown Chicago participating in both city and state Level I trauma networks and as a Level III neonatal care unit, allowing us to provide lifesaving care and treatment to adults with the most serious injuries, and to infants who are premature and sick.

NMH is committed to academic medicine's tripartite mission of clinical care, education and research, and is bonded in an essential relationship with Northwestern University Feinberg School of Medicine (Feinberg) to train the next generation of healthcare leaders and to engage in groundbreaking research. The hospital is recognized for providing excellent patient care and innovative advancements in virtually every medical specialty. The hospital's expertise and innovation were highlighted when NMH performed the nation's first double-lung transplants on patients whose lungs were damaged due to COVID-19; the procedure has since been performed for more than 35 patients.

As the primary teaching hospital for Feinberg, NMH has 2,183⁶ physicians on the medical staff, the majority of whom have faculty appointments at Feinberg. In addition to training medical students, residents and fellows, NMH also educates an exceptional number of both undergraduate and graduate nursing students. Clinical education is also provided to pharmacists, laboratory professionals, allied health workers and skilled technicians at NMH.

To best address the needs of our patients, NMH routinely works with trusted health and social service partners in the Chicago area. Together with our community partners, NMH works to meet the needs of our community beyond clinical care, including on innovative workforce development and youth pipeline programs, addressing social determinants of health (SDOH), and leading community engagement.

Awards and Recognition

- Honor Roll ranking for the 10th consecutive year from *U.S. News & World Report*, 2020 – 2021, Best Hospitals.⁷ NMH was ranked No. 10 on the list of the nation's "Best Hospitals" and is the No. 1 hospital in both the Chicago metropolitan area and in Illinois, with 10 clinical specialties nationally ranked.
- Magnet[®] designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. NMH first received Magnet designation in 2006 and was redesignated in 2010, 2015 and 2020. As of May 2021, only 8.9% of hospitals in the U.S. have Magnet designation.⁸
- Five-star hospital from the Centers for Medicare and Medicaid Services, the highest possible overall ranking for quality.⁹
- Women's Choice Award, 2021, Top 100 hospitals for patient experience.¹⁰

⁶ The FY20 NMHC Annual Report on Community Benefits misreported the number of physicians on NMH's medical staff. The report stated the aggregate of 4,866 physicians at NMHC.

⁷ 2021 – 2022 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

⁸ American Nurses Credentialing Center (ANCC) Magnet[®]. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

⁹ 2021, The 455 hospitals with 5 stars from the CMS. Becker's Hospital Review. <https://www.beckershospitalreview.com/rankings-and-ratings/455-hospitals-with-5-stars-from-cms-2021.html>.

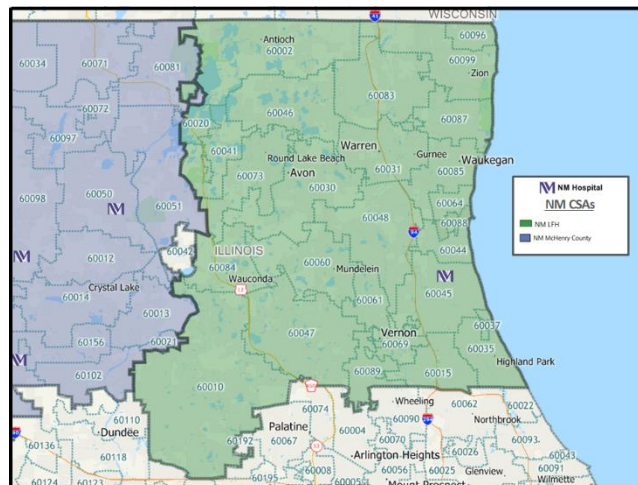
¹⁰ 2021, Women's Choice Award, 100 Best Hospitals, Patient Experience. <https://womenschoiceaward.com/best-hospitals/chicago-il/northwestern-memorial-hospital>.

Northwestern Medicine Lake Forest Hospital

Northwestern Medicine Lake Forest Hospital (NM LFH) is a state-of-the-art, 114-bed hospital located in Lake County, Illinois. The Health System proudly opened the new NM LFH in 2018, continuing a longstanding commitment to deliver world-class medicine to the region. The redeveloped campus provides access to primary, specialty and emergency care through the main hospital campus as well as two outpatient facilities, in Grayslake and Glenview. NM Grayslake includes a freestanding emergency center that provides 24-hour access to emergency care in Greater Lake County. More than 1,000 physicians practice in 73 specialties at NM LFH.

NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents train at NM LFH, NM Grayslake and Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 23 residents in FY21.

NM LFH serves the majority of Lake County. Since joining NMHC in 2010, NM LFH has created a seamless pathway to specialty care for its patients throughout the Health System. In FY21, NM LFH had more than 9,750 inpatient admissions and nearly 50,000 emergency visits. NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.¹¹



NM LFH is committed to serving Lake County's most vulnerable residents. In FY20, NM LFH launched its new Transitional Care Clinic (TCC) to provide medical and psychosocial support to patients who do not have a primary care physician and face complex challenges navigating the healthcare system following an inpatient or emergency health episode. The TCC at NM LFH has treated more than 500 patients since its launch.

¹¹ Illinois Department of Healthcare and Family Services (HFS).

Awards and Recognition

- No. 13 in the Chicago metro area and No. 15 in Illinois by *U.S. News & World Report*, 2020 – 2021, Best Hospitals.¹² The hospital also earned national rankings in Pulmonary and Lung Surgery.
- Magnet designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. NM LFH first received Magnet designation in 2010 and was redesignated in 2015 and 2020. As of May 2021, only 8.9% of hospitals in the U.S. have Magnet designation.¹³

¹² 2021 – 2022 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

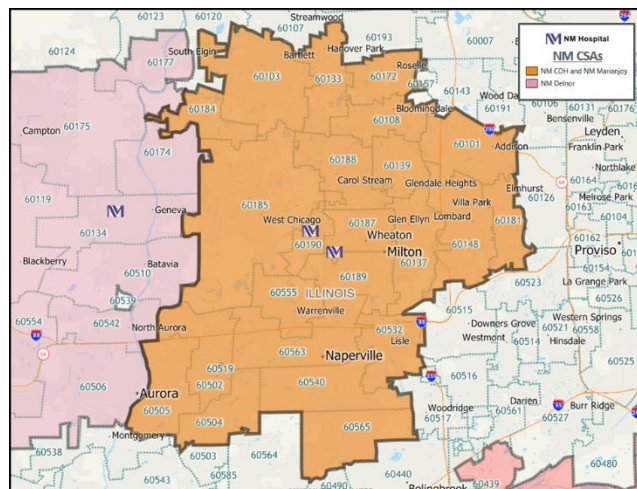
¹³ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

Northwestern Medicine Central DuPage Hospital

Northwestern Medicine Central DuPage Hospital (NM CDH) is an acute-care, 408-bed tertiary community hospital located in Winfield, Illinois. NM CDH has a deep, nearly 60-year history of caring for its community and providing quality health care to the residents of DuPage County and beyond. The hospital provides a full range of emergency, inpatient and outpatient services to patients in DuPage County and is the single-largest Medicaid provider in the county.¹⁴ NM CDH also serves as a regional destination for clinical services including oncology, neurology, pediatrics, cardiology and orthopaedics.

More than 1,300 physicians are on the medical staff at NM CDH. In FY21, NM CDH had more than 20,200 inpatient admissions and its ED had nearly 62,600 visits. NM CDH joined the Health System in 2014, connecting the residents of Chicago's western suburbs to specialty care across NMHC, including access to front-line clinical trials.

NM CDH is home to Northwestern Medicine Proton Center, the only proton therapy center in Illinois. Equipped with state-of-the-art proton therapy technology and a team of experienced radiation oncologists and other highly skilled medical professionals, the center is dedicated to providing exceptional patient care for multiple types of tumors and cancers using precision medicine to achieve effective, innovative radiation treatment.



¹⁴ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

Awards and Recognition

- No. 10 in both the Chicago metro area and in Illinois according to *U.S. News & World Report*, 2020 – 2021, Best Hospitals.¹⁵
- Magnet® designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. NM CDH first received Magnet designation in 2010 and was redesignated in 2015 and 2020. As of May 2021, only 8.9% of hospitals in the U.S. are designated Magnet.¹⁶
- “A” Hospital Safety Grade score in FY21. The Leapfrog Group Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections. NM CDH is one of only 27 “Straight A” hospitals in the nation, having received 19 consecutive “A” grades.¹⁷

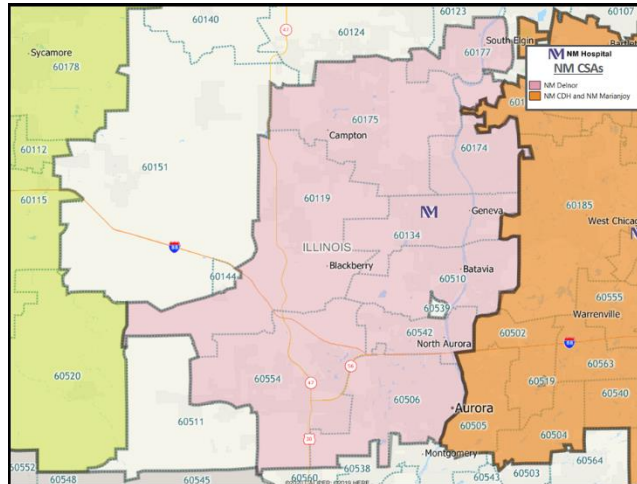
¹⁵ 2021 – 2022 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

¹⁶ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

¹⁷ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org/>.

Northwestern Medicine Delnor Hospital

Northwestern Medicine Delnor Hospital (NM Delnor) is an acute-care, 159-bed community hospital in Geneva, Illinois. NM Delnor continues its longstanding commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. NM Delnor provides comprehensive care through a medical staff of nearly 700 physicians in 80 specialties. NM Delnor joined the Health System in 2014, greatly expanding access to specialty care for its patients, including breakthrough clinical trials, all in the comfort of a community hospital setting. In FY21, NM Delnor treated patients through nearly 8,800 inpatient admissions and nearly 40,000 ED visits.



NMHC's commitment to academic medicine has now brought expansion of medical education to the western suburbs. In 2019, NM Delnor welcomed the first class of physician trainees to the Northwestern McGaw Family Medicine Residency at Delnor. There were 23 residents in the program in FY21. In FY20, the Health System launched its second Pharmacy Residency Program at NM Delnor, which is the only program of its kind within 25 miles of the hospital.

Awards and Recognition

- No. 17 in the Chicago metro area and No. 19 in Illinois according to *U.S. News & World Report*, 2020 – 2021, Best Hospitals.¹⁸
- Magnet® designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. NM Delnor first received Magnet designation in 2004 and was redesignated in 2008, 2013 and 2018. In 2004, NM Delnor was the first non-academic hospital in Illinois to receive this honor. As of May 2021, only 8.9% of hospitals in the U.S. have Magnet designation.¹⁹
- “A” Hospital Safety Grade score in FY21. The Leapfrog Group Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.²⁰
- Five-star hospital from the Centers for Medicare and Medicaid Services, the highest possible overall ranking for quality.²¹

¹⁸ 2021 – 2022 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

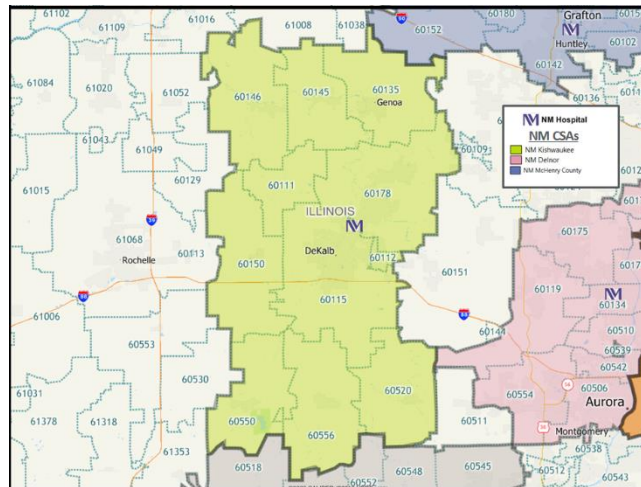
¹⁹ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

²⁰ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org/>.

²¹ 2021, The 455 hospitals with 5 stars from the CMS. Becker’s Hospital Review. <https://www.beckershospitalreview.com/rankings-and-ratings/455-hospitals-with-5-stars-from-cms-2021.html>.

Northwestern Medicine Kishwaukee Hospital

Part of NMHC since 2015 and located in DeKalb, Illinois, Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee) is an acute-care, 98-bed community hospital with an enduring commitment to the residents of DeKalb County. Due to the low ratio of primary care physicians and advanced practice providers to residents in DeKalb County, portions of the county have been designated by the federal government as a Medically Underserved Population (MUP). NM Kishwaukee provides much-needed access to quality health care in its community.



The hospital provides care through a broad range of specialties and unique services, including a state-of-the-art Breast Health Center, which opened in 2019. In FY21, NM Kishwaukee’s medical staff of nearly 370 physicians treated patients through nearly 5,250 inpatient admissions and more than 32,100 ED visits. Together, NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County.²² In alignment with its commitment to train the next generation of healthcare leaders, the Health System expanded the NM Discovery Program through the addition of the Greater DeKalb Chapter in FY20.

Located on the NM Kishwaukee campus, Northwestern Medicine Ben Gordon Center (NM Ben Gordon) provides mental health counseling and substance misuse treatment for DeKalb County residents. Through the Community Support Program, NM Ben Gordon offers a variety of services to patients who have been diagnosed with severe and persistent mental illness, including intensive levels of care and long-term case management for people who are at high risk of poor outcomes and who have limited or no supportive assistance. The DeKalb County Mental Health Board provides an operational grant that partially offsets the cost of providing these services.

²² 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

Awards and Recognition

- Magnet® designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. As of May 2021, only 8.9% of hospitals in the U.S. have Magnet designation.²³
- “A” Hospital Safety Grade score in FY21. The Leapfrog Group Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.²⁴
- Baby-Friendly Designation from Baby-Friendly USA, a global initiative launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.²⁵

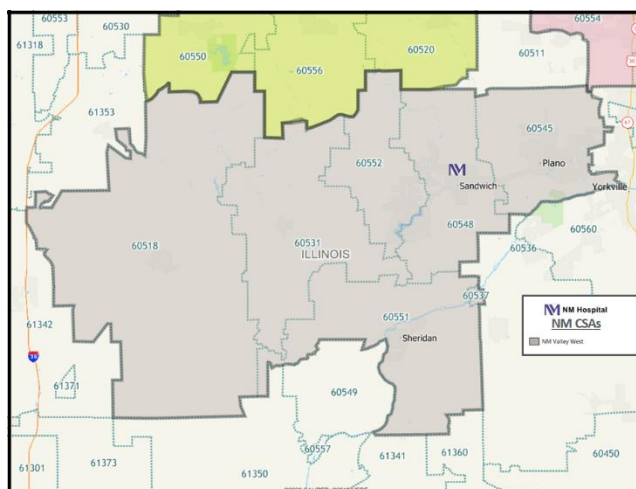
²³ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

²⁴ Leapfrog Hospital Safety Grade. <https://www.hospitalafetygrade.org/>.

²⁵ The Baby-Friendly Hospital Initiative, Baby-Friendly USA. <https://www.babyfriendlyusa.org/about/>.

Northwestern Medicine Valley West Hospital

Northwestern Medicine Valley West Hospital (NM Valley West) is a critical-access, 25-bed hospital in Sandwich, Illinois, that has served the Fox Valley community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services. As a Critical Access Hospital in a service area that encompasses parts of DeKalb County, with its designated MUP, NM Valley West provides essential services to its rural community. NM Valley West greatly expands access to care in its rural community by providing a seamless pathway from critical care to specialty care across the Health System. More than 200 physicians are on the NM Valley West medical staff, representing a wide range of specialties. NM Valley West joined the Health System in 2015. In FY21, NM Valley West had more than 700 inpatient admissions and more than 7,600 ED visits. Together, NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County.²⁶



Awards and Recognition

- Magnet® designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. As of May 2021, only 8.9% of hospitals in the U.S. have Magnet designation.²⁷
- Baby-Friendly Designation from Baby-Friendly USA, a global initiative launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.²⁸

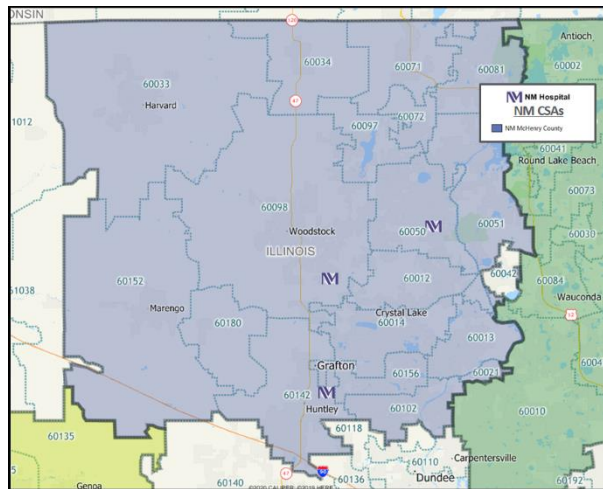
²⁶ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

²⁷ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

²⁸ The Baby-Friendly Hospital Initiative, Baby-Friendly USA. <https://www.babyfriendlyusa.org/about/>.

Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital

In 2018, the Health System grew to incorporate the three hospitals of Centegra Health System, including Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Northwestern Medicine Woodstock Hospital (NM Woodstock). More than 730 physicians in 70 specialties provide comprehensive care to the residents of Greater McHenry County at the three hospitals.



NM McHenry is a 166-bed, acute-care teaching hospital providing comprehensive health care to residents in McHenry, Illinois, and surrounding communities. The hospital provides training to the next generation of clinicians through the Chicago Medical School Internal Medicine Residency at NM McHenry. The program included 34 residents in FY21.²⁹ NM McHenry provided care through more than 8,400 inpatient admissions and nearly 30,300 ED visits in FY21.

Opened in 2016, NM Huntley is an extension of NM McHenry. The 128-bed hospital offers comprehensive care to residents of Huntley, Illinois, and the surrounding communities, including the Sun City Huntley senior living community. In FY21, NM Huntley had more than 7,500 inpatient admissions and more than 27,400 ED visits.

Serving the community for more than 100 years, NM Woodstock is also an extension of NM McHenry. The 56-bed hospital is a regional destination for inpatient and outpatient behavioral health services, including inpatient rehabilitation, as well as for outpatient care. In FY21, the hospital had nearly 1,500 inpatient admissions, more than 53,000 outpatient registrations and nearly 11,800 ED visits. NM Woodstock's campus is also home to Aunt Martha's Woodstock Community Health Center, an FQHC that offers comprehensive primary care and mental health services to residents of broader McHenry County who are uninsured and underinsured.

²⁹ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago.

NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County.³⁰ In alignment with its commitment to train the next generation of healthcare leaders, in FY21, the Health System expanded the NM Discovery Program through the addition of the McHenry Chapter.

Awards and Recognition

- No. 14 in the Chicago metro area and No. 16 in Illinois according to *U.S. News & World Report*, 2020 – 2021, Best Hospitals.³¹ NM McHenry, NM Huntley and NM Woodstock share one ranking in this report.
- Magnet® designation from the American Nurses Credentialing Center (ANCC) (NM McHenry and NM Huntley). As of May 2021, only 8.9% of hospitals in the U.S. have Magnet designation.³²
- Five-star hospital from the Centers for Medicare and Medicaid Services (NM Woodstock), the highest possible overall ranking for quality.³³
- Baby-Friendly Designation from Baby-Friendly USA (NM McHenry), a global initiative launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.³⁴

³⁰ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

³¹ 2021 – 2022 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

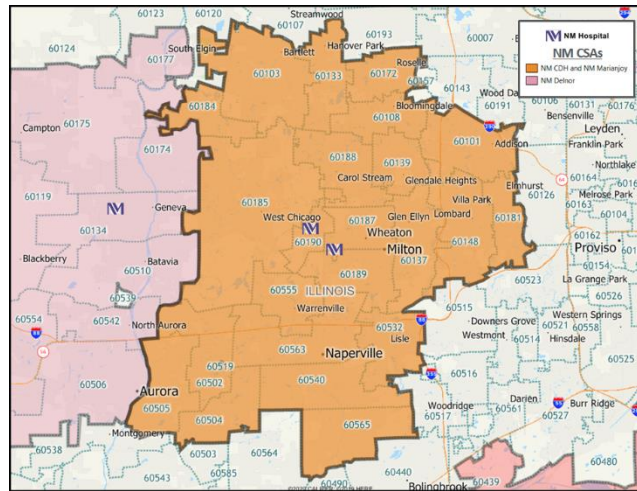
³² American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.

³³ 2021, The 455 hospitals with 5 stars from the CMS. Becker’s Hospital Review. <https://www.beckershospitalreview.com/rankings-and-ratings/455-hospitals-with-5-stars-from-cms-2021.html>.

³⁴ The Baby-Friendly Hospital Initiative, Baby-Friendly USA. <https://www.babyfriendlyusa.org/about/>.

Marianjoy Rehabilitation Hospital, part of Northwestern Medicine

Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH), is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). MRH joined the Health System in 2016. The hospital trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. In FY21, 18 residents trained at MRH.³⁵ Located in DuPage County, MRH is a destination hospital and also serves residents of surrounding counties.



Advanced care is provided through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence. The hospital offers specialty programs focused on stroke, spinal cord injury, brain injury, pediatric conditions, and orthopaedic/musculoskeletal and neuromuscular disorders. MRH has 125 licensed acute inpatient rehabilitation beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most effective treatment approaches. In FY21, MRH saw nearly 3,000 inpatient admissions.

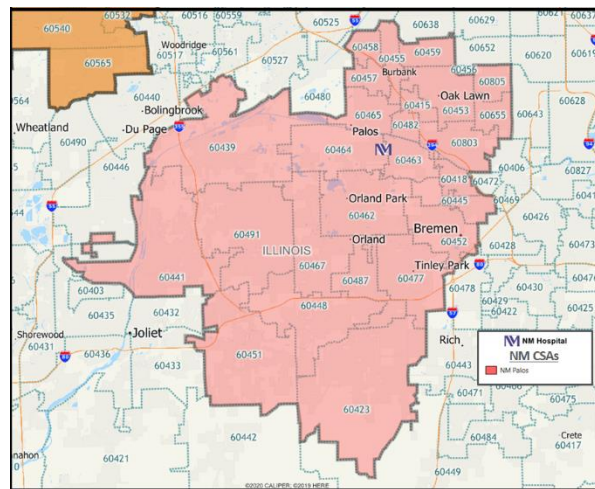
Geographic proximity of MRH to other NMHC entities, primarily NM CDH and NM Delnor, facilitates the Health System's ability to provide a full continuum of care close to where our patients live and work. The importance of caring for our patients through their entire care cycle has been exemplified by the COVID-19 pandemic. MRH provided post-COVID-19 rehabilitative care for patients throughout the Health System, demonstrating our ability to provide a full spectrum of care from diagnosis and treatment through rehabilitation.

³⁵ MRH's residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

Northwestern Medicine Palos Hospital

The Health System welcomed Northwestern Medicine Palos Hospital (NM Palos) in 2021. NM Palos is a 425-bed, acute-care hospital located in Palos Heights, Illinois, that serves Chicago's southwest suburbs, including southwestern Cook County and northeastern Will County. The hospital also has two outpatient locations in Orland Park and Mokena. NM Palos has a rich history of caring for its community. By joining the Health System, patients in its CSA gained better access to academic medicine closer to home and work.

Nearly 600 affiliated physicians provide a complete range of services in a comprehensive ED, an Intensive Care Unit, comprehensive cardiovascular services, home health services, orthopaedics, oncology, maternity care and women's health, pediatrics, physical and occupational therapy, and psychiatry and behavioral health. In FY21, NM Palos had more than 11,300 inpatient admissions and more than 27,600 ED visits.



Awards and Recognition

- Healthgrade's America's 250 Best Hospitals™, recognizing the top 5% in the nation for overall clinical excellence.³⁶

³⁶ America's Best Hospitals, 2021 America's 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?filter=top250&year=2021>.

NMHC Primary Care and Immediate Care Centers

NM aspires to be the destination of choice for people seeking quality health care and for those who provide, support and advance that care through leading-edge treatments and breakthrough discoveries. Access to high-quality care in recent years has been improved by adding new primary care locations and comprehensive Immediate Care sites across communities from the South Loop to northern Chicago, the north and west suburbs, and into Lake County, as well as expanding evening and weekend hours at many Immediate Care Centers and primary care sites. With more than 200 primary and Immediate Care locations close to patients' homes and workplaces, breakthrough care is now more accessible than ever.

NMHC Physician Groups

In FY21, NMHC was the nonprofit parent corporation of three physician groups: Northwestern Medical Group (NMG), Northwestern Medicine Regional Medical Group (NM RMG) and Northwestern Medicine Palos Medical Group (NM PMG).³⁷ With locations throughout Chicago and its north, west and south suburbs, and Greater DeKalb County, NMHC's multispecialty group practices employ more than 2,500 physicians. NMG is the third-largest physician group in Chicago's surrounding seven counties³⁸ and serves as the clinical faculty practice plan of Feinberg; the majority of NMG physicians have faculty appointments with Feinberg.

Northwestern Memorial Foundation

Northwestern Memorial Foundation (NMF) conducts fundraising and other related development activities in support of the Health System's hospitals and NMHC's mission, including securing funding for clinical programs, research, education and community initiatives. NMF raises philanthropic funds from individuals, corporations and foundations, as well as through community fundraising organizations.

³⁷ In order to facilitate alignment across regions, multiple physician groups have been merged into NM RMG, including Northwestern Medicine KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019, and Marianjoy Medical Group in September 2019. NM PMG operations were merged into NM RMG on September 1, 2021, which is beyond the scope of this report.

³⁸ 2021, *Chicago's Largest Physician Groups 2021*. Crain's Chicago Business.
<https://www.chicagobusiness.com/craains-list/chicagos-largest-physician-groups-2021>.

Subject: FINANCIAL ASSISTANCE TO PATIENTS	Page 1 of 27	Policy # NMHC FIN 03.0012
Title: FINANCIAL ASSISTANCE	Revision of: 02/01/2016	Version: 2.0
		Effective Date: 09/01/2016
		Removal Date:

SCOPE: Applies to entities indicated below as well as their subsidiaries and affiliates

<input checked="" type="checkbox"/> NM – Northwestern Memorial Hospital	<input checked="" type="checkbox"/> NM – Lake Forest Hospital
<input checked="" type="checkbox"/> NM – Northwestern Medical Group	<input checked="" type="checkbox"/> NM – Central DuPage Hospital
<input checked="" type="checkbox"/> NM – Regional Medical Group	<input checked="" type="checkbox"/> NM – Delnor Hospital
<input checked="" type="checkbox"/> NM – Kishwaukee Hospital	<input checked="" type="checkbox"/> NM – Valley West Hospital
<input checked="" type="checkbox"/> NM – Marianjoy Rehabilitation *	<input checked="" type="checkbox"/> NM – Home Health & Hospice
<input checked="" type="checkbox"/> NM – Huntley / <input checked="" type="checkbox"/> NM – McHenry / <input checked="" type="checkbox"/> NM – Woodstock Hospitals	
<input checked="" type="checkbox"/> NM – System Functions / NMHC Employees	
<input type="checkbox"/> NM – Other (Insert Name) **See “Persons Affected Section below**	

**Applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of September 1, 2018*

**Applies to NM-Huntley, NM-McHenry and NM-Woodstock Hospitals as of September 1, 20*

I. PURPOSE:

To define Northwestern Memorial HealthCare’s policy related to the provision of Financial Assistance to those with inadequate financial resources.

II. POLICY STATEMENT:

- A. Northwestern Memorial HealthCare and its Affiliates (collectively referred to herein as “NMHC”), are committed to meeting the health care needs of members of NMHC’s community who are unable to pay for Medically Necessary care received at NMHC Affiliates, including without limitation those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to make payment. Allocation and prioritization of Financial Assistance will take into consideration the many needs of the community, NMHC’s mission as an academic medical center, its financial protocols for allocation of resources, and applicable law and regulation. Notwithstanding the foregoing, NMHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance under this policy.
- B. Financial Assistance is available through multiple programs (collectively, “Financial Assistance Program” or “Program”) including the following:
 - 1. [*Insured Patient Free And Discounted Care*](#) (set forth on *Appendix B*)
 - 2. [*Uninsured Patient Free And Discounted Care Program*](#) (set forth on *Appendix C*)
 - 3. [*Presumptive Eligibility*](#) (set forth in *Appendix D*)
 - 4. Future programs approved by the Vice President, Revenue Cycle, which shall be included as appendices.

III. **PERSONS AFFECTED:**

This policy applies to all levels of NMHC management and staff of those entities listed on *Appendix A-2* who are involved in the allocation and prioritization of resources to meet the needs of the community. This policy does not apply to physicians who are on staff at an NMHC Hospital Affiliate but who are not otherwise employed by or contracted with an NMHC Physician Affiliate. This policy applies to each Affiliate as an independent entity, and unless otherwise provided herein, each Affiliate shall separately meet the requirements of this policy. A list of health care providers delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained separately by the Financial Counseling Department and shall be incorporated by reference herein as *Appendix G*.

IV. **RESPONSIBILITIES:**

- A. NMHC's Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment.
- B. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided.
- C. The Revenue Cycle Division, including the department and areas listed in Sections IV.A. and IV.B. above, is responsible for the approval of Financial Assistance Applications and obtaining all supporting documentation.
- D. The Revenue Cycle Division is responsible for developing the basis for calculating the amounts charged to Patients and explaining such calculation upon request.

V. **DEFINITIONS:**

Capitalized terms not otherwise defined herein are defined in [Appendix A](#).

VI. **NOTIFICATION:**

To make Patients, Guarantors, their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to notify visitors to its facilities of this policy and to widely publicize this policy. Specific notification measures shall be in accordance with applicable law and shall be set forth in specificity in [Appendix E](#).

VII. **DETERMINATION OF ELIGIBILITY:**

- A. **When Eligibility is Determined:** The determination of an Applicant's eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible.
- B. **Application Requirement:** Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicant's financial position (including, as applicable, information about the Applicant's family) and other information which is necessary in making a determination of eligibility for Financial Assistance. Time frames for submission of an Application and other Application-related time frames shall be in accordance with applicable law and set forth on [Appendix F](#). The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously existing relationship with NMHC during the last 12 months or an upcoming appointment or

admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates.

C. Length of Approval:

1. Once approved, NMHC shall provide Financial Assistance until such time that alternative sources of payment may be secured. Applicants are expected to cooperate in applying and securing alternate sources of payment when applicable. Accordingly, eligibility determinations shall be valid until commencement of the next enrollment period whereby the Applicant may obtain insurance coverage. Notwithstanding the foregoing, the following limitations apply:
 - a. Financial Assistance for Emergency Services may be limited to the Emergency Services and any related stabilization care;
 - b. Financial Assistance for NMHC Hospital Affiliate services may be approved on an episodic basis and such approval may be subject to additional program requirements and screening procedures set forth in Section IX;
 - c. Eligibility determinations shall not extend beyond 12 months.
 2. Applicants shall be required to promptly advise NMHC of changes in their financial situation which may affect their eligibility during a previously approved period. An Applicant's failure to notify NMHC within 30 days of changes in their financial situation may affect the Applicant's ability to continue to receive Free or Discounted Care or qualify for Financial Assistance in the future.
 3. NMHC's Financial Assistance Policy Committee shall determine the length of time that an eligibility determination based upon alternative methods of qualification (see Section VII.D below) shall be valid; provided, however, that the length of time shall not exceed twelve (12) months.
 4. If a Patient's eligibility terminates during a course of treatment and the treating provider confirms that transitioning care would be detrimental to the Patient, the Patient and/or the treating provider may request an exception which shall be evaluated by the Free Care Committee, subject to approval by the NMHC Medical Director or his or her designee and the Vice President, Revenue Cycle, pursuant to Section XV of this policy.
- D. Alternative Methods of Qualification: NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patient's or Guarantor's Program eligibility.
- E. Withholding of Information: If at any time during the review process it becomes apparent that the Applicant has intentionally withheld relevant information, provided false information, or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of NMHC, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. Notwithstanding the foregoing, NMHC shall not deny Financial Assistance based on information that it has reason to believe is unreliable or incorrect or on information obtained from the Applicant under duress or through the use of coercive practices (including delaying or denying care for Emergency Medical Conditions to an individual until the individual has provided the requested information).

VIII. QUALIFYING SERVICES:

- A. NMHC Hospital Affiliates shall provide Financial Assistance only for Medically Necessary services for which the Applicant meets clinical program criteria and is otherwise financially responsible.
- B. Financial Assistance for transplants and transplant-related services are determined pursuant to a separate process and may be included as an appendix to this policy.
- C. Nothing in this policy requires NMHC to provide services not routinely provided to Patients.

IX. ADDITIONAL PROGRAM REQUIREMENTS AND SCREENING PROCEDURES:

Financial Assistance for certain procedures may be subject to additional program requirements and/or screening procedures. Additional screening requirements shall be communicated to Patients and physicians. By way of example and without limitation, such requirements and screening procedures may include the following:

- A. Reexamining a Patient's current financial situation to ensure continued eligibility for Financial Assistance, including availability of insurance coverage;
- B. Securing payment arrangements with respect to outstanding amounts owed by the Patient or otherwise establishing a payment plan; or
- C. Evaluating selected procedures to ensure that other treatment methods have been exhausted or, if previously tried, the likelihood of success, and/or that after-care resources are put in place; or
- D. Securing services from an appropriate level or type of provider.

X. EXHAUSTION OF THIRD PARTY SOURCES:

- A. Financial Assistance will only be applied to self-pay balances, after all third-party benefits/resources are reasonably exhausted, including, but not limited to, benefits from insurance carriers (e.g., health, home, auto liability, worker's compensation, or employer funded health reimbursement accounts), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation, settlements, and/or private fundraising efforts (collectively, "Third-Party Funding Sources"). Patients receiving Financial Assistance and who require Medically Necessary care (other than Emergency Services) must, whenever possible, be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the Patient must fully cooperate with enrollment requirements prior to the procedure being scheduled and/or services being rendered. Eligible Patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs may be ineligible for Financial Assistance. Patients should be given at least one (1) written notice of the necessity of filing for Medicaid, Health Insurance Exchange, or other available payment programs and that failure to do so may jeopardize eligibility for Financial Assistance. Efforts, if any, to assist the Applicant to enroll in Medicaid, Health Insurance Exchange, or other available payment programs shall be documented.
- B. If a Patient seeking care other than Emergency Services is covered by an HMO or PPO and NMHC is not an in-network provider, then the Patient should be directed to seek care from his participating providers and shall not be eligible for Financial Assistance. Financial Assistance is not available for out-of-network costs.

XI. LIMITATION ON CHARGES:

Discounts may vary between Financial Assistance Programs. Calculation of discounts shall be set forth in the various appendices to this policy. However, in all Financial Assistance Programs, amounts charged by NMHC Hospital Affiliates for care for Emergency Medical Conditions or other Medically Necessary care provided to individuals eligible for the Financial Assistance Program with annual household income less than or equal to 600% of the applicable Federal Poverty Level shall not be more than the amounts generally billed to individuals who have insurance covering such care (“Amounts Generally Billed Discount”).

XII. EMERGENCY MEDICAL CARE:

- A. Consistent with the NMHC policy addressing compliance with the Emergency Medical Treatment and Labor Act, NMHC Hospital Affiliates shall provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they can pay for the care or are eligible for Financial Assistance.
- B. NMHC Hospital Affiliates shall not engage in actions that discourage individuals from seeking care for Emergency Medical Conditions, including but not limited to the following:
 - 1. Requiring payment from that Emergency Department Patients before receiving a medical screening or treatment for Emergency Medical Conditions; or
 - 2. Permitting debt collection activities in the Emergency Department or in other areas of an NMHC Hospital Affiliate where such activities could interfere with the provision, without discrimination, of care for Emergency Medical Conditions.

XIII. REFUNDS:

Application of Financial Assistance shall be applied to all open balances. Refunds shall reviewed by NMHC’s Free Care Committee and provided as required by law.

XIV. COORDINATION OF AFFILIATE DETERMINATIONS:

NMHC Affiliates shall coordinate their efforts in the mutual determination of eligibility.

XV. EXCEPTIONS AND APPEALS:

NMHC physicians and/or clinicians may request Financial Assistance on behalf of a Patient; however, the Patient must provide the necessary information and documentation to support the request. If the physician or Patient does not agree with the eligibility or program determination or if the physician or Patient is requesting an exception to this policy, an appeal or request for exception should be made to the Free Care Committee for evaluation, subject to approval by the Vice President, Revenue Cycle. This determination shall be final and binding until such time that the Patient or physician provides significant new or additional information demonstrating qualification for assistance (e.g., change in income, loss of employment, and other circumstances that substantially change the prior review).

XVI. ACTIONS FOR NON-PAYMENT:

The NMHC Credit and Collection Policy, describes the actions that may be taken for non-payment of amounts due. Members of the general public may obtain a free copy of the NMHC Credit and Collection Policy by contacting the Financial Counseling Department.

XVII. APPLICABILITY TO EXISTING PROGRAMS:

Financial Assistance awarded to patients prior to the effective date of this policy shall not be reduced but only through such time period indicated in the award. Upon expiration of such Financial Assistance, this policy shall apply.

XVIII. POLICY UPDATE SCHEDULE:

This policy will be reviewed and updated at a minimum of every five years or on an as needed basis.

XIX. REPORTING:

NMHC shall report all required information regarding the Financial Assistance Program to the appropriate governmental agencies.

XX. MONITORING AND NON-SUBSTANTIVE UPDATES:

- A. The Financial Assistance Policy Committee shall be responsible for the on-going monitoring of this policy. It shall review practices hereunder including whether:
 - 1. controls are in place to assess Patient eligibility;
 - 2. information on Patients eligible for and/or receiving Financial Assistance status is tracked and maintained;
 - 3. the existence of Financial Assistance is communicated to the community and its Patients;
 - 4. provisions are in place so as not to discourage community members from seeking care for Emergency Medical Conditions; and
 - 5. collection actions are appropriately taken against Patients receiving Financial Assistance.
- B. The Vice President, Revenue Cycle may make non-substantive updates to this policy (e.g., to reflect current Federal Poverty Guidelines, changes in addresses, etc.).

XXI. REFERENCES:

- A. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]
- B. Illinois Fair Patient Billing Act [210 ILCS 88/]
- C. Internal Revenue Code Section 501(r)
- D. Social Security Act [42 U.S.C. 1395dd]

XXII. APPENDICES:

[Appendix A: Definitions](#)

[Appendix A-1: Federal Poverty Guidelines](#)

[APPENDIX A-2: NMHC AFFILIATES](#)

[Appendix B: Insured Patient Free And Discounted Care](#)

[Appendix C: Uninsured Patient Free And Discounted Care](#)

[Appendix D: Presumptive Eligibility](#)

[APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES](#)

[APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES](#)

[Appendix G: Provider Lists](#)

[Appendix H: Lab Testing Financial Assistance](#)

XXIII. APPROVAL:

Responsible Party: Andrew Scianimanico
Vice President, Revenue Cycle

Reviewers: Finance Committee members
Tax & Regulatory Review Committee members
Financial Assistance Policy Committee members
Vice President, Finance
Senior Vice President, Administration
Office of General Counsel
Corporate Compliance & Integrity

Approval Parties: Dean M. Harrison
President and CEO
Northwestern Memorial HealthCare
Electronic Approval: 02/11/2016

John Orsini
Senior Vice President and CFO
Northwestern Memorial HealthCare
Electronic Approval: 01/29/2016

XXIV. REVIEW HISTORY:

Written: 05/01/2011 – local NMH policy retired

Revised 12/29/2014 – For policy effective 2/1/2016 - Supersedes NMHC 03.0012 v1.0 – 6/1/2011 – Free and Discounted Care

Revised: 08/17/2016 – For policy effective 9/1/2016 - Scope updated to include NM-CDH, NM-Delnor and NM-RMG otherwise no other content updates

09/01/2018: Updated Scope Matrix – applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of 9/1/2018.

08/11/2020: NMHC Tax and Regulatory Review Committee approved moving the NW Region hospitals (Huntley, McHenry and Woodstock) to the NMHC Financial Assistance policy to be effective September 1, 2020

APPENDIX A: DEFINITIONS

Affiliates: Those entities controlled by, controlling, or under common control with NMHC. NMHC Affiliates to which this policy applies are listed on [Appendix A-2](#). For purposes of this policy, the term “Affiliates” does not include NMHC affiliates that are legally or otherwise restricted from adopting this policy.

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided by an NMHC Hospital Affiliate during an outpatient visit or inpatient stay to individuals eligible for assistance under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care (“Amounts Generally Billed”). Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method. Each NMHC Hospital Affiliate shall calculate its own Amounts Generally Billed Discount. A written explanation of the method used at each NMHC Hospital Affiliate can be obtained by contacting the NMHC Financial Counseling Department. Physician Affiliates shall apply the Amounts Generally Billed Discount applicable to NMH.

Applicant: An Applicant is the person submitting an Application for Financial Assistance, including the Patient and/or the Patient’s Guarantor.

Application: A Financial Assistance Application.

Application Period: The period during which an NMHC Hospital Affiliate must accept and process an Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance. With respect to any care provided by an NMHC Hospital Affiliate to an individual, the Application Period begins on the date the care is provided to the individual and ends on the 240th day after the date the NMHC Hospital Affiliate provides (i.e. mails, sends electronically, or delivers by hand) the individual with the first post-discharge billing statement for the care.

Billed Charge(s): The fee for a service that is based on the NMHC Affiliate’s master charge schedule in effect at the time of the service and that the Affiliate consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Cost-of-Care Discount: The discount equal to that amount calculated by multiplying the total cost-to-charge ratio from each NMHC Affiliate Hospital’s Medicare cost report to the charges on accounts identified as qualifying for Financial Assistance. Notwithstanding the foregoing, NMHC may, for administrative ease, establish a single Cost-of-Care Discount that is most advantageous to the Patient. The Cost-of-Care Discount shall be equal to or greater than the Amount Generally Billed Discount.

Discounted Care: Care provided at less than Billed Charges other than Free Care. Discounts include the Cost-of-Care Discount and the Amount Generally Billed Discount.

Emergency Medical Condition: Emergency Medical Condition shall be as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, services that are Never-Say-No services, or other services identified by the Vice President, Revenue Cycle and set forth in an appendix to this policy from time to time.

Extraordinary Collection Action(s) ECA(s): Those actions that an NMHC Hospital Affiliate may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. Such ECAs are further defined in the NMHC Financial Policy: Credit and Collection and may

include, by way of example, requiring payment for previously-rendered care and/or placing a lien on one's property.

Family Size: The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include household members of the individual claiming dependency.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2). The Guidelines, attached as *Appendix A-I*, shall be adjusted annually within thirty (30) days following the issuance of new Federal Poverty Guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Financial Assistance: Amounts attributable to Free Care or Discounted Care provided to Patients who meet NMHC's criteria for Financial Assistance under various programs (collectively, "Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services. Financial Assistance does not include bad debt or uncollectible charges that have been recorded as revenue but written off due to a Patient's failure to pay; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived from those programs; or contractual adjustments with any third-party payors.

Free Care Committee: That Committee charged with addressing questions regarding application of this policy to specific Patient issues. The Free Care Committee shall review appeals and exceptions made to the policy.

Free Care: A discount from Billed Charges equal to one hundred percent (100%).

Financial Assistance Policy Committee: That committee comprised of representatives from NMHC Affiliates and NMHC, which makes recommendations with respect to this policy and ensures operational alignment between Affiliates in implementing this policy. The Financial Assistance Committee shall include representatives from operations, the Office of General Counsel, the Internal Audit Department, the Office of Corporate Compliance and Integrity, and External Affairs. The Financial Assistance Committee shall report its activities to the Tax and Regulatory Committee.

Guarantor: The individual who is financially responsible for services rendered to the Patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income. More specifically, Household Income is equal to the adjusted gross income listed on the Applicant's most recent tax return, adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income not included in adjusted gross income but available to Applicant. However, if the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.), once again adjusted to remove child support payments and to include tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income available to Applicant. Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a Patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act (“HUPDA”). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

Insured Patient: A Patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Never-Say-No: Services meeting NMHC’s Never-Say-No criteria as may be amended from time-to-time.

NMHC Hospital Affiliate(s): NMHC affiliates licensed as a hospital. NMHC Hospital Affiliates to which this policy applies are listed on *Appendix A-2*.

NMHC Physician Affiliate(s): NMHC affiliates providing clinical care in a physician outpatient setting. NMHC Physician Affiliates to which this policy applies are listed on *Appendix A-2*.

Non-Resident: A Non-Resident is a Patient who is not an Illinois Resident.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that an NMHC Hospital Affiliate offers Financial Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this policy; (ii) a brief summary of how to apply for assistance under this policy; (iii) a direct listing of a website address (or URL) and physical locations (including room numbers) where a copy of this policy and Financial Assistance Applications may be obtained; (iv) instructions on how to obtain a free copy of the Financial Assistance Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of offices or departments who can provide an individual with assistance with the Application process; (vi) availability of translations; and (vii) a statement that no Financial Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Self-Pay Package-Priced Services: Multiple services offered together for a single price which is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high-deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

APPENDIX A:
Definitions

Owner: Andrew Scianimanco
Title: Vice President, Revenue Cycle

Effective Date: 01/01/2018

APPROVAL:

Andrew Scianimanco
Vice President, Revenue Cycle
Approval: 01/01/2018

REVIEW HISTORY:

Written: 03/03/2015
Revised: 12/29/2017

APPENDIX A-1: FEDERAL POVERTY GUIDELINES

	2021 Federal Poverty Income Levels (FPL)	Up to 250% of FPL	251% - 600% of FPL
Family Size	Household Income		
1	\$12,880	\$32,200	\$32,200 - \$77,280
2	\$17,420	\$43,550	\$43,550 - \$104,520
3	\$21,960	\$54,900	\$54,900 - \$131,760
4	\$26,500	\$66,250	\$66,250 - \$159,000
5	\$31,040	\$77,600	\$77,600 - \$186,240
6	\$35,580	\$88,950	\$88,950 - \$213,480
7	\$40,120	\$100,300	\$100,300 - \$240,720
8	\$44,660	\$111,650	\$111,650 - \$267,960
Each Additional Family Member, Add	\$4,540	\$11,350	\$11,350 - \$27,240

REFERENCES:

42 USC 9902(2)

APPENDIX A-1:
 Federal Poverty Guidelines

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/18/2021

APPROVAL:

Andrew Scianimanico
 Vice President, Revenue Cycle
 Electronic Approval: 02/18/2021

REVIEW HISTORY:

Written: 03/03/2015
 Revised: 04/24/2017
 Revised: 02/2018, 01/23/2019, 01/28/2020, 02/09/2021

APPENDIX A-2: NMHC AFFILIATES

A. Hospital Affiliates

1. Northwestern Memorial Hospital
2. Northwestern Medicine Lake Forest Hospital
3. Northwestern Medicine Central DuPage Hospital
4. Northwestern Medicine Delnor Hospital
5. Kishwaukee Hospital
6. Valley West Hospital
7. Northwestern Medicine - Ben Gordon Center
8. Marianjoy Rehabilitation
9. NM Huntley, NM McHenry and NM Woodstock Hospitals

B. Physician Affiliates

1. Northwestern Medical Group
2. Northwestern Medicine Regional Medical Group
3. Kishwaukee Physician Group
4. Marianjoy Medical Group

APPENDIX A-2:
NMHC Affiliates

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 09/01/2018

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 09/25/2020

REVIEW HISTORY:

Written: 03/03/2015
Revised: 07/12/2016
Revised: 12/29/2017
Revised: 09/01/2018,
Reviewed: 01/29/2019, 09/25/2020

APPENDIX B: INSURED PATIENT FREE AND DISCOUNTED CARE

I. FREE AND DISCOUNTED CARE

NMHC provides Free Care as well as Discounted Care to Insured Patients as provided in this *Appendix B*.

II. SERVICES

- A. Except as provided in this Appendix's Section II.B below, Free Care and Discounted Care for Insured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Insured Patients shall not be available for the following services:
 - 1. Non-Medically Necessary services;
 - 2. Out-of-network services;
 - 3. Specialty Pharmacy Services; except that hepatitis-C antiviral medications administered to hepatitis-C negative transplant recipients who receive a hepatitis-C positive donor organ at NMH may be considered under this Policy, after all reasonable efforts to secure insurance or other reimbursement for such medications have been exhausted in a timely manner. Provision of such medications must be coordinated through Northwestern Specialty Pharmacy.
 - 4. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment, eye glasses, contacts, and hearing aids;
 - 5. Patient co-insurance or deductibles unless the Applicant otherwise qualifies for Free Care;
 - 6. Co-payments;
 - 7. Self-Pay Package-Priced Services; and
- C. Non-formulary pharmaceuticals provided upon discharge for transitional purposes shall be subject to the Cost-of-Care Discount.

III. RESIDENCY REQUIREMENTS

- A. Insured Patients who are Illinois Residents and who receive Medically Necessary services are eligible for Free Care and Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Insured Applicants receiving Emergency Services.
- B. Except for Insured Patients receiving Emergency Services, Insured Patients who are Non Residents (including but not limited to out-of-state external transfers) and who receive Medically Necessary services are not eligible for Free Care.

IV. CALCULATION OF FREE AND DISCOUNTED CARE

NMHC provides Free Care and Discounted Care to eligible Insured Patients through two methods: "insured sliding fee scale assistance" and "insured catastrophic assistance." If the Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the

Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

A. INSURED SLIDING FEE SCALE ASSISTANCE

Assistance under the insured sliding fee scale application is calculated as follows:

1. Free Care: Insured Illinois Residents with Household Income of 250% or less of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, shall be eligible for a 100% discount. The discount shall be applied to co-insurance and deductibles, as well as Medically Necessary services not covered by insurance.
2. Discounted Care: For Medically Necessary Services that are not covered by insurance, Insured Illinois Residents with Household Income of more than 250% and less than or equal to 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a discount equal or greater than the Amount Generally Billed Discount.

B. INSURED CATASTROPHIC ASSISTANCE

1. For an Insured Patient qualifying for Free Care or Discounted Care with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, total payment shall not exceed, during any twelve month period, 25% of the Applicant's Household Income.
2. NMHC shall include in the catastrophic calculation total payment owed by the Applicant to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based upon outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

APPENDIX B:
Free and Discounted Care

Owner: Andrew Scianimanco
Title: Vice President, Revenue Cycle

Effective Date: 08/01/2019

APPROVAL:

Andrew Scianimanco
Vice President, Revenue Cycle
Approval Date: 07/18/2019

REVIEW HISTORY:

Written: 03/03/2015

Revised: 8/17/2016

Revised: 12/29/2017, 07/18/2019

APPENDIX C: UNINSURED PATIENT FREE AND DISCOUNTED CARE

I. UNINSURED FREE AND DISCOUNTED CARE

NMHC provides Free Care as well as Discounted Care to Uninsured Patients as provided in this *Appendix C*.

II. SERVICES

- A. Except as provided in this Appendix's Section II.B. below, Free Care and Discounted Care for Uninsured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Uninsured Patients shall not be available for the following services:
 1. NMH Specialty Pharmacy Services;
 2. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment and supplies, eye glasses, contacts, and hearing aids;

III. RESIDENCY REQUIREMENTS

Free Care and Discounted Care shall be available for those Uninsured Patients who are Illinois Residents. Non-Residents who are Uninsured Patients are not eligible for Free Care or Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services.

IV. CALCULATION OF FREE AND DISCOUNTED CARE

NMHC shall, in accordance with Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Care to Uninsured Patients. NMHC provides Free Care and Discounted Care to eligible Applicants who are uninsured through two methods: "uninsured sliding fee scale assistance" and "uninsured catastrophic assistance." If an Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

A. UNINSURED SLIDING FEE SCALE

1. Free Care: An Applicant with Household Income equal to or less than 250% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for Free Care.
2. Cost of Care Discount: An Applicant with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a Cost-of-Care Discount.

B. UNINSURED CATASTROPHIC ASSISTANCE

1. For Applicants qualifying for assistance pursuant to Section IV.A.2 above, total payment shall not exceed, during any twelve month period, 25% of the Patient's Household Income.

2. NMHC shall include in the catastrophic calculation total payment amounts owed by the Patient to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based on outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

V. REFERENCES

- A. Illinois Fair Patient Billing Act [210 ILCS 88/]
- B. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]

APPENDIX C:
Uninsured Patient Discount

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 09/01/2019

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 01/01/2018

REVIEW HISTORY:

Written: 03/03/2015

Revised: 08/17/2016

Revised: 12/29/2017, 08/01/2019

APPENDIX D: PRESUMPTIVE ELIGIBILITY

I. PRESUMPTIVE ELIGIBILITY

An Uninsured Patient meeting the requirements and criteria of Sections III and IV, below, is presumed to be eligible for Free Care in accordance with this *Appendix D*. Patients presumed to be eligible do not need to complete a Financial Assistance Application; provided, however, that Patients must demonstrate that they meet the requirements and criteria of Sections III and IV, below.

II. DEFINITIONS

The following definitions, as defined by the Illinois Fair Patient Billing Act, apply to this *Appendix D*:

- A. "Patient" means the individual receiving services from NMHC or any individual who is the guarantor of the payment for services received from NMHC.
- B. "Presumptive Eligibility" means eligibility for Financial Assistance determined by reference to Presumptive Eligibility Criteria demonstrating financial need on the part of a Patient.
- C. "Presumptive Eligibility Criteria" means the categories identified as demonstrating financial need.
- D. "Presumptive Eligibility Policy" means a written document that sets forth the Presumptive Eligibility criteria by which a Patient's financial need is determined and used by NMHC to deem a Patient eligible for Financial Assistance without further scrutiny by NMHC. This *Appendix D* constitutes the NMHC Presumptive Eligibility Policy.

III. RESIDENCY REQUIREMENTS

Presumptive Eligibility shall apply to all Illinois Residents. Presumptive Eligibility shall not be available for or apply to Non-Residents.

IV. CRITERIA

The following Presumptive Eligibility Criteria establish the guidelines for NMHC's Presumptive Eligibility Policy in accordance with NMHC's Financial Assistance Program. An Uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for Free Care, and will not be required to provide additional supporting documentation for such Financial Assistance:

- A. Homelessness
- B. Deceased with no estate
- C. Mental incapacitation with no one to act on Patient's behalf
- D. Medicaid eligibility, but not on date of service or for non-covered service
- E. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 250% of the then current Federal Poverty Income guidelines:
 - 1. Women, Infants and Children Nutrition Program (WIC)
 - 2. Supplemental Nutrition Assistance Program (SNAP)
 - 3. Illinois Free Lunch and Breakfast Program
 - 4. Low Income Home Energy Assistance Program (LIHEAP)

5. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low income financial status as a criterion for membership
 6. Receipt of grant assistance for medical services
- F. To assure NMHC's ability to apply Financial Assistance to a Patient's bill as soon as possible after services have been received by the Patient and before the issuance of such bill, the Patient must provide notice to NMHC of Presumptive Eligibility and supporting documentation as soon as practical, preferably during the Financial Assistance Application process. To the extent such eligibility information is available without Patient notice, NMHC shall use such information to apply Presumptive Eligibility. NMHC will also apply Presumptive Eligibility for NMHC services in situations where the Patient provides notice and supporting documentation after billing has commenced.

V. REFERENCES

Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX D:
Presumptive Eligibility

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 01/01/2018

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 01/01/2018

REVIEW HISTORY:

Written: 12/2013

Revised: 12/2014 – previous version Appendix A to NMHC 03.0012 v 1.0 – 6/1/2011

Reviewed: 08/2016

Revised: 12/29/2017

APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES

I. SPECIFIC NOTIFICATION MEASURES FOR NMHC HOSPITAL AFFILIATES

To make Patients and Guarantors and their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to widely publicize this Financial Assistance Policy, the Financial Assistance Application, a description of the Financial Assistance Application process, and a "Plain Language Summary" of this Financial Assistance Policy (collectively for purposes of this *Appendix E*, "Materials") within the community to be served by NMHC. Specific notification measures shall include the following:

- A. Make Materials widely available on NMHC Hospital Affiliate web sites and on NMHC web sites as follows:
 1. Complete and current versions of Materials shall be placed conspicuously on web sites.
 2. Any individual with access to the Internet can access, download, view and print a hard copy of the Material without requiring special computer hardware or software (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to NMHC or any NMHC Hospital Affiliate and without creating an account or being otherwise required to provide personally identifiable information.
 3. NMHC and NMHC Hospital Affiliates shall provide any individual who asks how to access the Materials online with the direct Web site address, or URL, of the web page on which the Materials are posted.
- B. Make paper copies of the Materials available upon request and without charge both by mail and in public locations, including admission or registration areas and in the Emergency Department of the NMHC Hospital Affiliate.
- C. Post conspicuously in the admission and registration areas and Emergency Departments of each NMHC Hospital Affiliate signage stating, "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information contact [insert hospital financial assistance representative contact information.]" The sign shall be in English, and in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- D. Notify and inform members of the community served by each NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. The notification shall be in a manner reasonably calculated to reach those members of the community who are most likely to require Financial Assistance. "Reasonably calculated" shall take into consideration the primary language(s) spoken by the residents of the community served by the NMHC Hospital Affiliate, as well as other attributes of the community and the NMHC Hospital Affiliate.
- E. Notify and inform patients who receive care from an NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. Specifically, each NMHC Hospital Affiliate shall:
 1. Offer a paper copy of the Plain Language Summary of this policy as part of the intake or discharge process;
 2. Include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this policy and includes the telephone number of the NMHC Hospital Affiliate office or department that can provide information about this policy and application process and the direct Web site address (or

Title: FINANCIAL ASSISTANCE APPENDIX E: NOTIFICATION	Page 22 OF 27	Policy # NMHC FIN 03.0012 Version: 2.0
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URL) where copies of this policy the Application, and Plain Language Summary of this policy may be obtained; and

3. Set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations in the NMHC Hospital Affiliate, including, at a minimum, the Emergency Department and admissions areas.
- F. Materials shall be in English and translated in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- G. A list of health care providers, other than each Affiliate itself, delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained by the Financial Counseling Department and shall be incorporated by reference herein.

II. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX E:
Notification

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/01/2016

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 02/01/2016

REVIEW HISTORY:

Written: 03/03/2015

APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES

I. BILLING TIME PERIOD

Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period.

II. EFFORTS REQUIRED TO DETERMINE ELIGIBILITY PRIOR TO TAKING EXTRAORDINARY COLLECTION ACTIONS

A. Need to Notify

Prior to taking any Extraordinary Collection Action (ECA), NMHC Hospital Affiliates shall make reasonable efforts to determine whether the individual is eligible for Financial Assistance by taking steps as set forth in this *Appendix F*. Specifically, with respect to any care provided by an NMHC Hospital Affiliate to an individual, the NMHC Hospital Affiliate shall take the following steps:

1. Notify the individual about the Financial Assistance Program as described in this *Appendix F* before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs (with the exception of an ECA described in paragraph Section II.C of this *Appendix F*) for at least 120 days from the date the NMHC Hospital Affiliate provides the first post-discharge billing statement for the care. NOTE: If multiple episodes of care are aggregated, the 120-day period starts from the first post-discharge billing statement for the most recent episode of care included in the aggregation;
2. In the case of an individual who submits an incomplete Application during the Application Period, notify the individual about how to complete the Application and give the individual a reasonable opportunity to do so as described in Section II.D of this *Appendix F*; and
3. In the case of an individual who submits a complete Application during the Application Period, determine whether the individual is eligible for Financial Assistance for the care as described in Section II.E of this *Appendix F*.

B. Notification in General

NMHC Hospital Affiliates shall notify Patients and/or Guarantors about the Financial Assistance Program generally by taking in the following steps at least 30 days before first initiating one or more ECA(s) to obtain payment for the care:

1. Provide the individual with a written notice that indicates that Financial Assistance is available for eligible individuals, identifies the ECA(s) that the NMHC Hospital Affiliate (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided;

2. Provide the individual with a Plain Language Summary of the Financial Assistance Program with the written notice described above;
3. Make a reasonable effort to orally notify the individual about the Financial Assistance Program and about how the individual may obtain assistance with the Application process.

C. Deferral or Denial of Care Due to Nonpayment for Prior Care

In the case of an ECA involves deferring or denying care due to nonpayment for prior care, an NMHC Hospital Affiliate may notify the individual about the Financial Assistance Program less than 30 days before initiating the ECA, provided that the NMHC Hospital Affiliate does the following:

1. Otherwise meets the requirements of Section II.B of this *Appendix F* but, instead of the notice described in Section II.B, provides the individual with a an Application and a written notice indicating that Financial Assistance is available for eligible individuals and stating the deadline, if any, after which the NMHC Hospital Affiliate will no longer accept and process an Application submitted (or, if applicable, completed) by the individual for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided.
2. If the individual submits an Application for the previously provided care on or before the deadline described above (or at any time if the NMHC Hospital Affiliate did not provide any such deadline to the individual), processes the Application on an expedited basis.

D. Incomplete Application

If an individual submits an incomplete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs;
2. Provide the individual with written notice of what additional materials are needed to complete his or her Application. This written notice shall include a Plain Language Summary of the Financial Assistance Program and the telephone number and physical location of the NMHC Hospital Affiliate office or department that can provide information about the Financial Assistance Program and the office or department that can provide assistance with the Application process. The individual shall provide additional materials by the later of the end of the Application Period or within thirty (30) days of receipt of the notice, with exception being made for extraordinary circumstances.

E. Complete Application

If an individual submits a complete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs against the individual;

2. Make and document a determination as to whether the individual is eligible for Financial Assistance;
3. Notify the individual in writing of the eligibility determination, including, if applicable, the Financial Assistance for which the individual is eligible and the basis for the determination; and
4. If the individual is eligible for Financial Assistance, NMHC Hospital Affiliates shall:
 - a. provide the individual (who is determined to be eligible for Financial Assistance other than Free Care) with a billing statement that indicates the amount the individual owes as an individual eligible for Financial Assistance, how that amount was determined and states, or describes how the individual can get, information regarding the Amounts Generally Billed for the care;
 - b. refund any amounts (unless under either \$5.00 or such other amount that is set by notice or other guidance published in the Internal Revenue Bulletin) that the individual previously paid for the care included in the Application and in excess of the amount he or she is determined to owe as an individual eligible for Financial Assistance; and
 - c. reverse any ECAs (with the exception of a sale of debt).

- F. NMHC Hospital Affiliates shall document all notification requirements set forth in this *Appendix F*.
- G. Implementation of this Appendix shall comply with 26 C.F.R. 1.501(r)-6. To the extent this *Appendix F* is inconsistent with 26 C.F.R. 1.501(r)-6 or to the extent 26 C.F.R. 1.501(r)-6 provides further detail on the implementation of this *Appendix F*, 26 C.F.R. 501(r)-6 shall govern.

III. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX F:
Applicable Time Frames

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/01/2016

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 02/01/2016

REVIEW HISTORY:

Written: 03/03/2015

APPENDIX G: PROVIDER LISTS

I. LISTING OF PROVIDERS SUBJECT OR NOT SUBJECT TO THIS POLICY

- A. The Financial Counseling Department shall maintain on behalf of each NMHC Hospital Affiliate a list of any providers, other than the NMHC Hospital Affiliate, itself, who deliver Emergency or other Medically Necessary care and indicate whether they are or are not covered under this Policy.
- B. The list shall be available for request on the NMHC Hospital Affiliate website. Paper copies of the list shall also be available free of charge from the Financial Counseling Department.
- C. The list shall be updated at least quarterly.

II. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Internal Revenue Notice 2015-46

APPENDIX G:
Provider Lists

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 09/01/2016

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 08/22/2016

REVIEW HISTORY:

Written: 03/03/2015
Revised: 08/17/2016

APPENDIX H: LAB TESTING FINANCIAL ASSISTANCE

I. PATIENT LAB TESTING FINANCIAL ASSISTANCE DESCRIPTION

- A. NMHC is committed to providing access to lab testing services through NM Lab, a department of NMH, and HealthLab, a department of Central DuPage Hospital. Lab Testing Financial Assistance is limited to patient balances resulting from NM Lab and HealthLab’s testing services for specimens drawn by physician offices and sent to NM Lab and HealthLab or specimens obtained through NM Lab and HealthLab draw centers.
- B. NMHC will assess NM Lab and HealthLab patients for financial assistance on balances due by the patient.
- C. Lab Testing Financial Assistance is not available to government program beneficiaries (including Medicare Advantage and Medicaid managed care plans).
- D. The Lab Testing Financial Assistance is administered by NMHC patient accounting services through its automated patient statement process and will automatically be applied to eligible patient balances.

II. SERVICES

- A. Hospital and professional medically necessary lab testing provided through NM Lab and HealthLab.
- B. Financial assistance does not apply to Client Billed Services, whereby NM Lab or HealthLab may perform laboratory services and bill physician practices directly for those services, rather than billing insurance carriers and patients. Client Billed Service patients are billed by the client, not by NM Lab nor HealthLab.

III. RESIDENCY REQUIREMENTS

There are no residency requirements associated with Lab Testing Financial Assistance.

IV. CALCULATION LAB TESTING FINANCIAL ASSISTANCE

- A. NMHC shall apply a ninety percent (90%) discount on the remaining patient balance for payments for patients below 600% FPL.
- B. Other discounts may be applied after Lab Testing Financial Assistance.

APPENDIX H:
Lab Testing Financial Assistance

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/26/2019

APPROVAL:

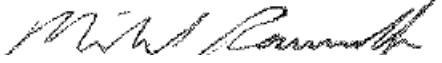
Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 02/26/2019

REVIEW HISTORY:

Written: 06/03/2017

Palos Health Palos Heights, Illinois Policies and Procedures		FINANCIAL ASSISTANCE POLICY	
		Subject	
November 15, 1991 Date Issued	01/01/2021 Date Approved		01/01/2021 Date Effective

Approvals

Mike Rauwolf	
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STATEMENT OF POLICY

General Description of Policy and Purpose - It is the policy of Palos Community Hospital ("PCM") to provide quality medical health care at Palos Community Hospital ("Hospital") and through Palos Medical Group ("PMG") to all persons regardless of race, creed, gender, national origin, handicap, age, ability to pay or other protected status. PCH recognizes that not all individuals possess the ability or means to purchase essential medical services, and further, that our mission is to serve our community with respect to providing health care services and health care education. Therefore, in keeping with PCI-I's commitment to serve all members of the community, free and/or discounted care ("Financial Assistance") will be considered where the need and/or inability to pay are identified as set forth in this Financial Assistance Policy ("Policy"). This Policy standardizes the method by which PCH will determine whether a patient ("Patient") or any Responsible Party (as hereinafter defined) qualifies for Financial Assistance.

Hospital Financial Policy - This Policy applies to all Emergency Treatment and Medically Necessary Care that Hospital provides at 12251 S. 80th Avenue, Palos Heights, Il. (collectively, the "Hospital Facility") as well as the Emergency Treatment and Medically Necessary Care provided by those physicians and other providers listed in Exhibit A at the Hospital Facility. Those physicians and providers who may provide Emergency Treatment and Medically Necessary Care at the Hospital Facility but who are not covered by this Policy are listed in Exhibit B.

Palos Medical Group Policy — This Policy applies to all Medically Necessary Care that PMG employed physicians and/or PMG-employed mid-level providers (Advanced Practice Nurses, Physician Assistants, etc.) provide at PCH or PMG Offices.

DEFINITIONS

Amounts Generally Billed ("AGB") The amounts generally billed by Hospital for Emergency Treatment and Medically Necessary Care to Patients who have health insurance is referred to in this Policy as AGB. AGB is calculated using the look-back method by multiplying the Gross Charges for Emergency Treatment or Medically Necessary Care by one or more percentages.

For purposes of calculating AGB, these percentages are based on the claims allowed during a prior twelve (12)-month period by Medicare fee-for-service and all private health insurers that pay claims for such Emergency Treatment or Medically Necessary Care. Copies of the current percentages, together with an explanation of how these percentages were calculated, may be obtained for free by writing to Palos Community Hospital, 12251 South 80th Avenue, Palos Heights, Illinois, 60463, ATTN: Director, Patient Financial Services.

Application Period — The Application Period is the period during which Hospital or PMG, as the case may be, will accept and process an application for Financial Assistance under this Policy. The Application Period begins on the date that care is provided to the individual in question, and it ends on the 240th day after Hospital or PMG, as the case may be, provides the individual with the first Post-Discharge billing statement for the Emergency Treatment or Medically Necessary Care provided.

Elective Procedures — Procedures that do not qualify as Emergency Treatment or Medically Necessary Care are referred to in this Policy as Elective Procedures. Examples of Elective Procedures include, but are not limited to, services that are cosmetic or reproductive in nature. Financial Assistance is not available under this Policy for Elective Procedures.

Emergency Medical Condition — The term Emergency Medical Condition will be defined as set forth in EMTALA.

Emergency Treatment — Emergency Treatment means the care or treatment provided for an Emergency Medical Condition.

Extraordinary Collection Action — Subject to the exceptions described below, an action taken by Hospital or PMG against a Patient or any Responsible Party that involves (i) legal or judicial process; (ii) selling an individual's debt to a third party; (iii) reporting adverse information about the individual to a consumer credit agency or credit bureau; (iv) deferring or denying, or requiring a payment before providing, Medically Necessary Care because of a Patient's nonpayment of one or more bills for previously provided care under

the Policy; and (v) such other actions as defined by Internal Revenue Service with respect to Section 501 (r) of the Internal Revenue Code.

An Extraordinary Collection Action does not include (A) the sale of an individual's debt to a third party if, prior to the sale, Hospital or PMG, as the case may be, has entered into a legally binding agreement with the purchaser of the debt pursuant to which (i) the purchaser is prohibited from engaging in any Extraordinary Collection Action to obtain payment; (ii) the purchaser is prohibited from charging interest on the debt in excess of the rate allowable under Section 501 (r) of the Internal Revenue Code at the date the debt is sold; (iii) the debt is returnable to or recallable by Hospital or PMG upon a determination that the individual is eligible for Financial Assistance; and (iv) if the individual is determined to be eligible for Financial Assistance and the debt is not returned to or recalled by Hospital or PMG, the purchaser is required to adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the purchaser and Hospital or PMG together more than he or she is personally responsible for paying as an individual eligible for Financial Assistance; (B) any lien that Hospital or PMG is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which care was provided; or (C) the filing of a claim in any bankruptcy proceeding.

Federal Poverty Guidelines ("FPG") — Federal Poverty Guidelines or FPG means those guidelines that the U.S. Department of Health and Human Services issues each year in the Federal Register. The effective date of the annual update to FPG for purposes of this Policy will be the first day of the month following the publication of FPG in the Federal Register.

Gross Charges — The full, established price for Emergency Treatment, Medically Necessary Care or Elective Procedures, as the case may be, that the Hospital or Palos Medical Group, as the case may be, uniformly charges all Patients before applying any contractual allowances, discounts or deductions.

Household Gross Income — All wages, salaries, compensation and other pay, including, without limitation, Social Security benefits, pension payments, unemployment compensation, workers' compensation payments, veterans benefits, rents, alimony, child support, survivors' benefits and income from estates or trusts, earned by or attributable to the members of the Immediate Family on an annual basis. Household Gross Income will be rounded to the nearest dollar when applied to the scale for determining whether an individual is an Eligible Patient.

Immediate Family — Immediate Family consists of the Patient, his or her spouse and his or her children (natural or adoptive) who are under the age of eighteen (18) and living at home or who are claimed by the Patient as a dependent for federal tax purposes. If the Patient is under the age of eighteen (18), the Immediate Family shall include the Patient, his or her natural or adoptive parents (regardless of whether they live in the home with the Patient) and the parents' children (natural or adoptive) who are under the age of eighteen (18) and living in the home with the Patient or who are claimed by the parent(s) as dependents for federal tax purposes. If a Patient is at least eighteen (18) years old but is claimed by another as a dependent for federal tax purposes, the Immediate Family shall include the individual claiming the Patient as a dependent, his or her spouse and all of his or her children (natural or adoptive) who are under the age of eighteen (18) and living at home or who are claimed by the individual as a dependent for federal tax purposes.

Medically Necessary Care — Medically Necessary Care means those health care services that satisfy the definition of "medically necessary services" for purposes of the Illinois Medicaid program.

Notification Period — The Notification Period refers to the period during which Hospital or PMG, as the case may be, will notify individuals about the availability of Financial Assistance under this Policy. The Notification Period begins on the first date care is provided and ends on the 120th day after Hospital or PMG, as the case may be, provides the individual with the first Post-Discharge billing statement for such care.

Palos Medical Group Offices — Palos Medical Group Offices refers to the offices listed on Exhibit C at which physicians employed by Palos Medical Group provide professional services.

Post-Discharge — Post-Discharge means the period of time after medical care (whether inpatient or outpatient) has been provided and the individual has left the Hospital Facility or the Physician Office, as the case may be.

Responsible Party — A Responsible Party as used in this Policy is the Patient if the Patient is at least eighteen (18) years old and is not claimed by another person as a dependent for federal tax purposes. If the Patient is under the age of eighteen (18), the Responsible Party shall be the Patient's parents (natural or adoptive) or legal guardians, unless someone else claims the Patient as a dependent for Federal tax purposes. If the Patient is claimed as a dependent by another person for Federal tax purposes, the Responsible Party shall be the person claiming the Patient as a dependent.

PURPOSE

To identify circumstances when PCI-I, PMG physicians, and PMG mid-level providers may provide care without charge or at a discount commensurate with the ability to pay, for a Patient whose financial status makes it impractical or impossible to pay for medically necessary services.

APPLICATIONS FOR FINANCIAL ASSISTANCE

1. Illinois Residency Required. Any person seeking Financial Assistance under this Policy must be an Illinois resident.

11. Presumptive Eligibility. Uninsured Patients who demonstrate one or more of the following criteria will be presumed eligible for Financial Assistance without the submission of income and expense information:
 - a. Homelessness
 - b. Deceased no estate
 - c. Mental incapacitation/no representation
 - d. Medicaid eligible but not on service date or for non-covered service
 - e. Enrollment in the following programs with criteria at or below 200% Federal Poverty Level (FPL):
 - Women, Infants, and Children Nutrition Program (WIC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Illinois Free Lunch and Breakfast Program
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
 - Receipt of grant assistance for medical services

An uninsured Patient who satisfies the Presumptive Eligibility criteria set forth above shall receive a complete write off of any charges for Medically Necessary Care or Emergency Treatment provided by Hospital or PMG pursuant to this Policy.

111. Statement of Cooperation. Each Patient will be contingent upon approval of the appropriate Hospital representatives as indicated in this Policy and on the cooperation of the Patient during the Financial Assistance process. Hospital and PMG reserve the right to extend Financial Assistance on a case by case basis where the Patient may not be able to comply with the Financial Assistance process.

IV. Procedures for Applying for Financial Assistance (Application Process).

- a. General Application Process. An individual who believes that he or she may qualify for Financial Assistance or has requested that Financial Assistance be provided must submit an application for Financial Assistance during the Application Period. An award of Financial Assistance pursuant to this Policy shall be valid for one hundred eighty (180) days. Thereafter, individuals will be required to submit a new application for Financial Assistance. This Policy, a plain language summary of this Policy and an application may be obtained for free online at paloshealth.com, by calling 866-395-4723, in person at Palos Community Hospital 12251 South 80th Ave, Palos Heights, IL, Financial Counselor or by mail at Palos Community Hospital, 12251 South 80th Avenue, Palos Heights, Illinois, 60463, ATTN: Director Patient Financial Services.
- b. Scope of Information Requested. Neither Hospital nor PMG may deny Financial Assistance based on the failure to provide information or documentation unless that information or documentation is described in this Policy or the Financial Assistance application form.
- c. If Hospital or PMG does not receive notification of insurance from the Patient and if the Patient does not qualify for any federal or state assistance program or does not demonstrate one or more of the criteria listed in the Presumptive Eligibility section of this Policy or the Patient is underinsured, Hospital or PMG, as appropriate, will begin the process of determining financial need.
 - (1) The Registration Staff, Financial Counselor, or Collection Staff may obtain additional appropriate financial and demographic information necessary to assist in the determination of eligibility. The information will include a signed and completed Financial Assistance application form.

- (2) SCOPE OF INFORMATION: Financial/demographic information may include the following:
 - A. Household Gross Income including wages, payments from unemployment and pension plans,
 - B. Liquid assets,
 - C. Living expenses,
 - D. Family size, including all dependent children aged 18 and under residing in the home, and E. Credit report.
- (3) The following documentation may be required as proof of income:
 - A. A copy of the Patient's and, if applicable, patient's spouse's, patient's parents, two (2) recent pay check stubs,
 - B. A copy of the Patient's and, if applicable, Patient's spouse's, patient's parents most recent Federal Income Tax filing and corresponding Form W-2,
 - C. A copy of Patient's award letter from Social Security.
 - D. A copy of Patient's award letter from Unemployment Compensation.
 - E. Proof of enrollment if Patient is a full time student, and
 - F. A statement and signature of person(s) assisting Patient with living conditions.
- (4) Upon completion of the Financial Assistance application form, Hospital or PMG, as applicable, will have the Patient assessed for governmental programs, liability or worker's compensation. If it is determined that the Patient will qualify for assistance through the state, Hospital or PMG, as applicable, may utilize external resources, at its own expense, to complete the proper monetary assistance (non-grant) or MANG application.
- (5) Upon authorization by the Patient, the appropriate Financial Counselor or Collector will run a credit report on the Patient and attach it to the signed, completed financial assistance application and forward to the Collection Manager for review.

(6) If the Patient is determined to be ineligible for assistance through the state and after reimbursement of any insurance, if applicable, the Patient's Financial Assistance application form will be evaluated based on the appropriate sliding scale guidelines. These sliding scale guidelines are as follows:

- Uninsured/Services in the Hospital Facility (Exhibit D);
- Underinsured/Services in the Hospital Facility (Exhibit E);
- Uninsured/Services in Palos Medical Group Offices (Exhibit E); and
- Underinsured/Services in Palos Medical Group Offices (Exhibit O).

Copies of these guidelines are attached to this Policy and are available for review in the Business Office. Financial Assistance for Patients who are underinsured will be limited to the amount of any co-pay, deductible or coinsurance, and in some circumstances, Financial Assistance may be denied based on applicable regulatory requirements and/or the contractual arrangement with the patient's insurer. The Director of Revenue Cycle Operations will annotate the approval form with any additional pertinent data which was utilized to make final determination. The maximum amount that may be collected for Emergency Treatment or Medically Necessary Care provided in the Hospital Facility in a 12-month period from an uninsured patient with Household Gross Income of less than or equal to 600% of the Federal Poverty Guidelines for Medically Necessary Care or Emergency Treatment is 25% of that patient's Household Gross Income (any remaining balance may be collected in future years subject to the 25% cap). Notwithstanding the foregoing, no Patient who qualifies for Financial Assistance and received Emergency Treatment and/or Medically Necessary Care in the Hospital Facility shall be charged more than the Amounts Generally Billed.

(7) Actions in the Event of Nonpayment. Patients with outstanding account balances will be processed in accordance with the billing and collection policies of Hospital or PMG, as applicable. Interested

individuals may obtain a free copy of the Hospital and PMG billing and collection policy from the Patient Accounts Department at (708) 827-2200. Collection activity is conducted within the applicable federal and Illinois laws and regulations governing Patient collections. In no event shall Hospital or PMG engage in Extraordinary Collection Actions before it has used Reasonable Efforts, as defined by Hospital's Policies and Procedures Manual, to determine whether an individual is eligible for Financial Assistance under this Policy. Collection agencies are not at liberty to sue, issue a wage garnishment or body attachment against any Patient. Hospital liens are filed only in the instance of a verifiable auto insurance claim.

- (8) Once the final determination has been made, the Director of Patient Financial Services will take the following action:

If Financial Assistance is approved:

1. The Financial Assistance Approval form shall be signed and dated. In the event the account(s) total \$50,000.00 or more, the signature of the Vice President of Finance will also be required prior to final processing of the adjustment to the account.
2. The Collection Manager will apply the appropriate adjustment against the Patient account, thereby reducing the balance to the determined discounted amount.
3. The Collection Manager will produce the appropriate "Gift of Care" letter during the account adjustment process. If the patient has a balance after the financial assistance adjustment, the patient will be notified by the "Gift of Care" letter. A Financial Assistance Representative may contact the patient by phone in order to arrange a mutually agreeable payment plan for the remaining balance, when applicable.

If Financial Assistance is denied:

1. The application is annotated with the pertinent data utilized to make the final determination by Patient Financial Services.
2. The denied application is returned to the self-pay collector by the Collection Manager. The financial counselor will contact the Patient to explain the outcome of the financial assistance review and to arrange for a mutually agreeable payment plan. All payment plans are interest free.

EMTALA OBLIGATIONS

EMTALA Obligation - Hospital will provide, without exception, Emergency Treatment to all Patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance and in accordance with the requirements of EMTALA. In recognition of its obligations under EMTALA, Hospital will not undertake any action that would discourage an individual from seeking Emergency Treatment, such as demanding that emergency department Patients pay before receiving Emergency Treatment or by permitting debt collection activities in the emergency department or any other area of the Hospital Facility that could interfere with the provision, without discrimination, of Emergency Treatment.

EXHIBIT A

Providers employed by Palos Medical Group

<u>NAME</u>	<u>Type</u>	<u>SPECIALTY</u>
Afana,Majed	MD	Cardiovascular Institute
Ahmed,Anam	MD	Hospitalists
Ahmad, Sameen	MD	Behavioral Health
Alhandalous, Chaher H.	MD	Hospitalists
Arif, Abdurrahman	MD	Hospitalists
Atta-Fynn, Rosemary	MD	Hospitalists
Bashir, Ahmad S.	MD	Behavioral Health
Beno-Tokarz,Melissa	LCSW	Behavioral Health
Bergmark,Kirk	APRN	Behavioral Health
Bilecki, Colleen	APRN	Cardiovascular Institute
Birks,Brian	MD	Hospitalists
Blake, Tracy	RD	Registered Dietician
Burda,Janet	APRN	OP Palliative Care & CBM
Cabrera,Randy	MD	Hospitalists
Casini, Anthony J.	DO	Breast Surgery/Breast Surg Onc./Gen Surg.
Charara, Laya	MD	Hospitalists
Cholewa,Cody	APRN	General Surgery
Cornell, David	DO	Occupational Health
Correa, Beatrice	MD	Hospitalists
Crean, Bernie	APRN	Inpatient Palliative Care
Degeys, Kristina	MD	Cardiovascular Institute
DeJong, Megan	MD	OB/Gyne
Dhruve, Utpal H.	MD	Behavioral Health
Dolitsky, Bruce	MD	Orthopaedics
Dubois, Thierry	MD	Immediate Care
Dudzinski, Cezary	MD	Behavioral Health
Earman, William	DO	Orthopaedics
Ellis, Debora	APRN	Behavioral Health
Erramili,Shruti	MD	Hospitalists
Escalona, Kathleen	APRN	Behavioral Health
Ferrel, James A.	MD	Family Medicine
Finkelshteyn, Ilya	MD	Hospitalists

Flowers,Darlene	APRN	Behavioral Health
Gallo, Martin	MD	Gynecology
Gandhi, Romal	MD	Hospitalists
Gavoni,Christina	APRN	OP Palliative Care & CBM
Gazda,Mary Kay	LCSW	OP Palliative Care & CBM
Geiger, James	DPM	Podiatry/ Wound Care
Gianfrancisco,James	MD	Colorectal Surgery
Goodale-Mikosz Desiree	LCSW	Inpatient Palliative Care
Gramza, Cristine	APRN	OP Palliative Care & CBM
Gupta,Pavan	MD	Hospitalists
Gutchewsky,Tom	APRN	Cardiovascular Institute
Hai, Afroz	MD	Cardiovascular Institute
Haider, Samran	MD	Pulmonary/Critical Care
Hajek,Kristina	PA-C	Immediate Care
Harangody, Sarah	MD	Orthopaedics
Hasanat, Khondakar	MD	Behavioral Health
Hashem, Bassam	MD	Pulmonary/Critical Care
Hasson, Anthony	APRN	OP Palliative Care & CBM
Hohner, John G.	DO	Family Medicine
Hommel, Linda	APRN	Cardiovascular Institute
Itkin,Arthur	MD	Neurology
Jayaram, Nittor R.	MD	Endocrinology
Kaplan, Seth	MD	Ophthalmology
Katello, Susan	APRN	Cardiovascular Institute
Karanth, Puja	MD	Hospitalists
Kausar, Fariha	MD	Rheumatology
Kelly, Maureen	MD	Hospitalists
Kubicki, Jessica	APRN	Inpatient Palliative Care
Kudirka, Andrius A.	MD	Family Medicine
Kyriakopoulos, Eugenia	DO	Family Medicine
Jengic, Bethany	MD	Hospitalists
Lal, Mona	MD	Behavioral Health
Liston, Michael J.	MD	Orthopaedics
Lou, Michael	MD	Hospitalists
Lubinski, Jennifer	LCSW	OP Palliative Care & CBM
Lynch, Michael J.	DO	Family Medicine
Magee, James J.	MD	Family Medicine
Makdah, Salem J.	MD	Internal Medicine
Makina,Margaret	APRN	OP Palliative Care & CBM
Mayer-Zich, shelley	APRN	Orthopaedics
Maxson, Robert	MD	Pulmonary/Critical Care
McShane, Maureen	DPM	Podiatry/ Wound Care

Mehta, Abhishek	MD	Family Medicine
Merlo, MaryAnn	APRN	Family Medicine
Meyer, Ruby	APRN	OP Palliative Care & CBM
Miller, Ann	APRN	Cardiovascular Institute
Montilla-Rener, Winnie	APRN	Behavioral Health
Murphy, Tina	APRN	OB/Gyne
Nchekwube, Chisalu	MD	Family Practice
Pancholi, Neel	MD	Orthopaedics
Panka, Brianna	LCSW	Behavioral Health
Panek, Michelle	APRN	Inpatient Palliative Care
Petrusha, Joy		
Pudusseri, Lisa	DO	Cardiovascular Institute
Puri, Jignasa	DO	Immediate Care
Qayyum, Ijaz	MD	General Surgery
Qayyum, Imad	MD	Colorectal Surgery/General Surgery
Quinn, Thomas	MD	Cardiovascular Institute
Rahman, Anwar Zia	MD	Hospitalists
Rajjoub, Samer R.	MD	General Surgery/Endocrine Surgery
Reed, Matthew	LCSW	Behavioral Health
Regan, John	MD	Hospitalists
Regganie, Bernadette	LCSW	OP Palliative Care & CBM
Rowan, Daniel	DO	Cardiovascular Institute
Russell, Ann Marie	APRN	OP Palliative Care & CBM
Sabharwai, Jagdeep (JD)	MD	Cardiovascular Institute
Saffar, Valerie	APRN	OP Palliative Care & CBM
Salvino, Michael J.	MD	Plastic Surgery/Reconstructive Surgery
Shah, Ankur	MD	Cardiovascular Institute
Shah-Khan, Miraj	MD	Breast Surgery/Breast Surgical Oncology
Shanahan, Amy	LCSW	Behavioral Health
Sinibaldi, Mark R.	MD	Behavioral Health
Skrzecz, Helen	APRN	Immediate Care
Stephen, Anu	APRN	OP Palliative Care & CBM
Striegel, P. Gregory	MD	Family Medicine/ Wound Care
Sural, Neethi	MD	Hospitalists
Tarala, Veronica	APRN	OP Palliative Care & CBM
Thota, Vijayalakshmi V.	DO	Internal Medicine
Torres, Carmelita	MD	OB/Gyne
Trenhaile, James	MD	Hospitalists
Uta, Beatrice	MD	Immediate Care
Van Kempen, Jennifer	APRN	Inpatient Palliative Care
Vardanyan, Zaruhi	MD	Hospitalists
Vora, Avni	MD	Endocrinology

Woodyard,Aimee
Ye,Chen
Zajac, Krista
Zander, Jennifer B.

PA-C	General Surgery
MD	Hospitalists
APRN	Cardiovascular Institute
MD	Endocrinology

EXHIBIT B

The Financial Assistance Policy does NOT cover the Emergency Treatment and Medically Necessary Care performed at Hospital's facility by the following physicians and other providers.

<u>NAME</u>	<u>Type</u>	<u>SPECIALTY</u>
Abdelrhman, Tamer	M.D.	Radiation Oncology
Abdessamad, Mohamad A.	M.D.	Nephrology
Abusharif, Hamdala H.	M.D.	Pediatrics
Afana, Majed	M.D.	Cardiology / Interventional Cardiology
Agha, Ahmad J.	M.D.	Pulmonary Critical Care
Ahdab, Tarek	M.D.	Cardiology
Ahmed, Anam	M.D.	Internal Medicine
Ahmed, Vasia A.	M.D.	Hematology
Ahuja, Akash	M.D.	Nephrology
Aippersbach, Elke	M.D.	Radiation Oncology
Akbar, Ayesha	M.D.	Endocrinology
Alaani, Ziad	M.D.	Neurology
Alattar, Mohammad	M.D.	Neonatology
Aldaas, Fadi	M.D.	Pulmonary/Critical Care
Aleksonis, Dinas	M.D.	Pulmonary/Critical Care
Alexander, Philip J.	M.D.	Cardiothoracic Surgery
Alhandalous, Chaher	M.D.	Internal Medicine
Alhawasli, Hazem	M.D.	Cardiology/Interventional Cardiology
Alhayani, Irfan	M.D.	Internal Medicine
Alikakos, Zoe	M.D.	Pediatrics
Al-Khaled, Nouri	M.D.	Cardiology/Interventional Cardiology
Al-Khudari, Mohammad	M.D.	Ophthalmology
Almansoori, Khaled	M.D.	Orthopedics/Spine Surgery
Almasri, Hussam	M.D.	Family Practice
Al-Qawasmi, Fouad	M.D.	OB/Gyne
Alsharif, Hani	M.D.	Nephrology
Alshobaki, Mansour	M.D.	Family Practice
Altarshan, Abdallah	M.D.	Endocrinology
Alzein, Mohamad R.	M.D.	Internal Medicine
Amine, Muhamad	M.D.	Otolaryngology
Anani, Ashraf	M.D.	Internal Medicine

Andreoni, John	M.D.	Infectious Disease
Arif, Abdurrahman	M.D.	Internal Medicine
Arndt, Thomas Robert	M.D.	Gastroenterology
Arrotti, John J.	M.D.	Cardiology
Asadullah, Khaja	M.D.	Internal Medicine
Atieh, Osama K.	M.D.	Internal Medicine
Atkenson, Paul T.	M.D.	Orthopedics
Atkenson, Robert J.	M.D.	Orthopedics
Atta-Fynn, Rosemary	M.D.	Internal Medicine
Avula, Surendra B.	M.D.	Interventional Cardiology/Cardiology
Aziz, George F.	M.D.	Interventional Cardiology/Cardiology
Bajaj, Vijay	M.D.	Internal Medicine
Baker, Cara	M.D.	Anesthesiology
Balandrin, Jorge E.	M.D.	Internal Medicine
Ballany, Wassim	M.D.	Electrophysiology/Cardiology
Bane, Christopher D.	M.D.	Cardiology/Interventional Cardiology
Barakat, Nabil A.	M.D.	Plastic Surgery/Hand Surgery
Baridi, Refat	M.D.	Oncology/Hematology
Barry, Sheila	M.D.	Infectious Disease
Bautista, Michael J.	M.D.	Anesthesiology
Baxtrom, Catherine M.	D.O.	Emergency Medicine
Baylis, William	D.O.	Orthopedics/Hand Surgery
Bayrakdar, Ammar	M.D.	Endocrinology
Beissel, Terence J.	M.D.	Pediatrics
Belgrad, Jonathan	M.D.	Pediatrics
Beri, Rohinee	M.D.	Pulmonary/Critical Care
Bertumen, J. Bradford	M.D.	Infectious Disease
Bikak, Marvi	M.D.	Critical Care
Bird, David J.	D.O.	Anesthesiology
Bliley, Roy C.	M.D.	Cardiology/Interventional Cardiology
Blumenstein, Brian J	M.D.	Gastroenterology
Bokhari, Syed S.	M.D.	General Surgery
Bonaguro, Ronald J.	M.D.	Urology Surgery
Borrelli, George	M.D.	Emergency Medicine
Boscardin, James B.	M.D.	Orthopedics
Boysen, Lawrence	M.D.	OB/Gyne
Bradford, Carrie M.	M.D.	Pathology
Brann, D. Duane	D.P.M.	Podiatry
Branovacki, George	M.D.	Orthopedics
Brink, Dale S.	D.P.M.	Podiatry
Brusca, Michael A.	M.D.	OB/Gyne
Bump, Thomas E.	M.D.	Cardiology/Electrophysiology

Burda, Diana M.	M.D.	Internal Medicine
Burke, John	M.D.	Cardiology/Electrophysiology
Burke, Martin C.	D.O.	Electrophysiology/Cardiology
Byrnes, Michael	D.P.M.	Podiatry
Cairo, Deborah M.	M.D.	Emergency Medicine
Calvert, Christopher J.	M.D.	Pediatrics
Camba, Noel	M.D.	Cardiology/Interventional Cardiology
Carandang, Godofredo C.	M.D.	Infectious Disease
Carreon, V. Grace	M.D.	Pediatrics
Chaar, Bassem	M.D.	Hematology/Oncology
Chadha, Rick A.	M.D.	Gastroenterology
Chakrabarti, Sudarsana	M.D.	Internal Medicine
Challa, Pragathi	M.D.	Internal Medicine
Chandarana, Kantilal	M.D.	Radiology
Chandra, Sandeep	M.D.	Internal Medicine
Charara, Laya	M.D.	Internal Medicine
Chen, Helen M.	M.D.	Pathology
Chow, Jerry Chee Sing	M.D.	Plastic Surgery/Hand Surgery
Coffey, Patrick H.	D.O.	Vascular Surgery
Commito, Kristin M.	M.D.	Anesthesiology
Conniff, Cory L.	M.D.	Rheumatology/Internal Medicine
Correa, Beatrice M.	M.D.	Internal Medicine
Cross, Chadrick A	M.D.	Cardiothoracic Surgery
Crossan, Paul	M.D.	Radiation Oncology
Croucher, Allison	D.O.	Pediatrics
Crowley, Brian P.	D.O.	Emergency Medicine
Curtin, Jeffrey C.	D.O.	Neurology
Cwikla, Tomasz	M.D.	Pediatrics
Czarlinski, Jack	M.D.	Internal Medicine
Dalawari, Satinder	M.D.	Internal Medicine
Dallal, Ousama	M.D.	Neonatology
Damiani, Mary Anne	D.O.	Internal Medicine
Danielsky, Paul J.	M.D.	Orthopedics
D'Astice, Michael D.	M.D.	Gastroenterology
Daugherty, Kristin M.	M.D.	Emergency Medicine
Dave, Ankur B.	D.O.	Infectious Disease
Defrino, Paul F.	M.D.	Orthopedics
Degeysys, Kristina	M.D.	Cardiology
DeJong, Richard J.	M.D.	Family Practice
Demeter, Lela	M.D.	Internal Medicine
Desai, Ravi	D.O.	Anesthesiology
Deshpande, Prashant	M.D.	Pediatrics

DeVito, Michael A.	D.P.M.	Podiatry
Dholakia, Ashok C.	M.D.	Internal Medicine
Diab, Mazen	M.D.	Nephrology
Diamond, Mark D.	D.O.	Internal Medicine
Diamond, Sean M.	M.D.	Pediatrics
Doah, Jack A.	D.O.	OB/Gyne
Dohse, David A.	D.O.	Family Practice
Donatello, Frank A.	D.O.	Family Practice
Dongas, John	M.D.	Electrophysiology/Cardiology
Drinan, Kathleen J.	D.O.	Cardiology
Dy-Johnson, Jessica	M.D.	OB/Gyne
Elahi, Taj	M.D.	Internal Medicine
Elkhatib, Imad M.	M.D.	Gastroenterology
Ellenby, Martin I.	M.D.	Vascular Surgery
Elmosa, Steve A.	D.O.	Emergency Medicine
Elsheikh, Malak	M.D.	Infectious Disease
Espel, Julia C.	M.D.	Pulmonary/Critical Care
Evans-Beckman, Linda C.	M.D.	Family Practice
Farbstein, Samuel A.	M.D.	Internal Medicine
Farley, Christopher L.	M.D.	Ophthalmology
Farrell, Brian P.	M.D.	Otolaryngology
Feingold, Michael T.	M.D.	OB/Gyne
Finkelshteyn, Ilya	M.D.	Internal Medicine
Fliegelman, Robert M.	D.O.	Infectious Disease
Flosi, Sam F.	D.O.	OB/Gyne
Frank, Michael W.	M.D.	Cardiothoracic Surgery
Frankel, Daniel A.	M.D.	Radiology
French, Brian J.	D.P.M.	Podiatry
French, Steven	D.P.M.	Podiatry
Fuentes, Henry J.	M.D.	Orthopedics
Gal, Krystyna	D.O.	Otolaryngology
Galley, Brett R.	M.D.	Neonatology
Gandhi, Romal	M.D.	Internal Medicine
Gandhi, Sonali	M.D.	Emergency Medicine
Garcia, Benjamin	D.O.	Emergency Medicine
Garcia-Gonzalez, Jose M.	M.D.	Ophthalmology/Retina Surgery
Garras, David N.	M.D.	Orthopedics
Gavani, Uma D.	M.D.	Allergy
Geiger, Richard H.	D.O.	Family Practice
Gelles, Robert	D.P.M.	Podiatry
Georgelos, Nicholas P	D.O.	Physical Medicine/Rehab
Geringer, Charles E.	M.D.	Rheumatology

Gerry, Donald	D.O.	Family Practice
Ginde, Jayant V.	M.D.	Radiation Oncology
Ginde, Sunita J.	M.D.	Pediatrics
Gnap, John	M.D.	Family Practice
Gnatenco, Carmen	M.D.	Internal Medicine
Gordon, Paul J.	M.D.	Thoracic Surgery
Gracias, Felipe	M.D.	General Surgery
Grant, Calvin A.	M.D.	Retina Surgery
Grybauskas, Vytenis T.	M.D.	Otolaryngology
Guirguis, Alfred S.	D.O.	Gyne-Oncology/Gynecology
Haddad, Rami Y.	M.D.	Hematology/Oncology
Hai, Afroz A.	M.D.	Cardiology/Electrophysiology
Hajiharis, Vassos Bill	D.D.S.	Oral Surgery
Hamad, Amar	M.D.	Hematology/Oncology
Hamadeh, Abdulgany	M.D.	Pulmonary/Critical Care
Hamadeh, Mufaddal	M.D.	Oncology
Hampston, Ewa	M.D.	Family Practice
Hanif, Sameul O.	M.D.	Interventional Radiology
Hanif, Tabassum	M.D.	Pulmonary/Critical Care
Haque, Sarfaraz	M.D.	Internal Medicine
Hasan, Sohail J.	M.D.	Ophthalmology/Retina Surgery
Heniff, Michael W.	M.D.	Pulmonary/Critical Care
Hennenfent, Stephen L.	M.D.	Anesthesiology
Herbick, John M.	D.O.	Family Practice
Hernandez-Argudin, Gonzalo G.	M.D.	Neonatology
Herzog, Michael E.	M.D.	Urology Surgery
Hoang, Truc C	M.D.	Neonatology
Hodakowski, George T.	M.D.	Cardiothoracic Surgery
Hoffman, Donald R.	D.P.M.	Podiatry
Holcomb, Rachel	D.O.	Pediatrics
Horton, Michael G.	M.D.	Radiology
Iaffaldano, Robert A.	M.D.	Cardiology/Interventional Cardiology
Iqbal, Naveed S.	M.D.	Cardiology/Interventional Cardiology
Irizarry, Sylvia	M.D.	Pediatrics
Irlanda, Iria E.	M.D.	Infectious Disease
Itkin, Arthur	M.D.	Neurology
Iyer, Shilpa V.	M.D.	Gyne-Urology
Jacobson, Daniel	M.D.	
Jain, Dinesh	M.D.	Internal Medicine
Jain, Parag	M.D.	Cardiology
Jamilla, Francis P.	M.D.	Critical Care/Pulmonary
Jengic, Bethany M	M.D.	Internal Medicine

Jesani, Faheem	D.O.	Emergency Medicine
Jester, Jon Randal	M.D.	Radiology
Jilani, Danial A	M.D.	Radiology
Johnson, Karen D	M.D.	OB/Gyne
Joseph, Kevin	M.D.	Pediatrics
Joshi, Amit M.	M.D.	Family Practice
Joshi, Devang J	M.D.	Cardiothoracic Surgery
Joudeh, Mohanad	M.D.	Internal Medicine
Joy, Edward G.	M.D.	Orthopedics
Jweied, Eias E.	M.D.	Cardiothoracic Surgery
Kakavas, Peter W	M.D.	Cardiology
Kale, Alka S.	M.D.	OB/Gyne
Kalimuthu, Ramasamy	M.D.	Plastic Surgery/Hand Surgery
Kamath, Deepa S.	D.O.	Infectious Disease
Kanashiro, Mary	M.D.	Internal Medicine
Kaplan, Seth I	M.D.	Ophthalmology
Kapur, Avnit	M.D.	Radiology
Karanastasis, Georgios	M.D.	Internal Medicine
Karanth, Puja	M.D.	Internal Medicine
Kareem, Folashade	M.D.	Internal Medicine
Karimpour, Shervin	M.D.	Radiation Oncology
Kason, Thomas T.	M.D.	Cardiology
Kassas, Ibrahim	M.D.	Interventional Cardiology
Katsoulakis, Nickolas P.	M.D.	Ophthalmology
Kawji, Mazen	M.D.	Cardiology
Kcomt, William A.	M.D.	Rheumatology
Kelly, Maureen E.	M.D.	Family Practice
Kent, Joseph H.	M.D.	Infectious Disease
Khan, Faisal A.	D.D.S.	Oral Surgery
Khan, Noorun M.	M.D.	Internal Medicine
Khilfeh, Hamdi	M.D.	Internal Medicine
Kim, Jerry Y.	M.D.	Anesthesiology
Kim, Won D.	M.D.	Pediatrics
Kinder, Charles A	M.D.	Electrophysiology
Kishkurno, Serguei	M.D.	Neonatology
Kittaneh, Muaiad	M.D.	Hematology/Oncology
Kmicikewycz, Alexander	M.D.	Internal Medicine
Kolyvas, Chris	M.D.	Interventional Cardiology/Cardiology
Kooiker, Philip	M.D.	Otolaryngology
Kosmala, William	M.D.	Gastroenterology
Kraska, Alicja	M.D.	Internal Medicine
Krates, Stephen G.	D.O.	Ophthalmology

Kronen, Gary A.	M.D.	Plastic Surgery/Hand Surgery
Krygsheld, Timothy J.	D.P.M.	Podiatry
Kumar, Sampath P.	M.D.	Infectious Disease
Kumar, Sanath S.	M.D.	Colon and Rectal Surgery
Kummerer, Robert G.	M.D.	Cardiothoracic Surgery
Lai, Kaihua (Kevin)	M.D.	Internal Medicine
Lai, Wayne	M.D.	Anesthesiology
Lapkus, Domas J.	M.D.	Internal Medicine
Latta, Shadi	M.D.	Hematology/Oncology
Lee, Ji Hun M.	D.O.	Emergency Medicine
Leipold, Lori C.	D.O.	OB/Gyne
Lekovic, Marko	M.D.	OB/Gyne
Lertsburapa, Kirkeith	M.D.	Cardiology
Lindgren, Robert F.	M.D.	OB/Gyne
Liotta, Margaret R.	D.O.	Gyne-Oncology
Liston-Gannon, Patricia	D.D.S.	Pedodontics
Lou, Michael	M.D.	Internal Medicine
Loutfi, Saoud	M.D.	Hematology/Oncology
Lowe, Michael P.	M.D.	Gyne-Oncology
Lue, Wayne C.	M.D.	Gastroenterology
Luke, Suzette	M.D.	Ophthalmology
Lustenberger, Ryan	M.D.	Anesthesiology
Lyon, Mark B.	M.D.	Urology Surgery
Lyon, Susan T.	M.D.	Otolaryngology
MacGillis, Kyle	M.D.	Orthopedics/Hand Surgery
Madhani, Jayesh M.	M.D.	Internal Medicine
Madhav, Gopal	M.D.	Internal Medicine
Magdziarz, Daniel D.	D.O.	Emergency Medicine
Mahafzah, Mahmoud	M.D.	Hematology/Oncology
Majewski, Janet	M.D.	Pediatrics
Majmundar, Ameer R.	M.D.	Allergy
Malm, Bruce C.	M.D.	Internal Medicine
Mancini, Antonio	D.O.	Urology Surgery
Manglano, Ramon	M.D.	General Surgery
Mar, Calvin M.	M.D.	OB/Gyne
Marasovich, Lori A.	D.O.	Emergency Medicine
Marcic, Branislav	M.D.	Nephrology
Marcic, Sonja M	M.D.,Ph.D.	Nephrology
Marcotte, Susan E.	D.O.	Family Practice
Marra, Silvio	M.D.	Otolaryngology
Martin, Jeffrey	M.D.	Anesthesiology
Massimilian, James T.	D.O.	Emergency Medicine

Mataria, Mohammad R.	M.D.	Nephrology
Mayer, Joseph H.	M.D.	Neurology
McGann, John A.	M.D.	Anesthesiology
McIlwain, Carrie A	M.D.	Gyne-Oncology
McInerney, John V.	D.O.	OB/Gyne
McLaughlin, Jeanette S.	M.D.	Nephrology
Mehta, Harshad M.	M.D.	Psychiatry
Mekhail, Anis O.	M.D.	Orthopedics/Spine Surgery
Merhi, Nahla O	M.D.	Gyne-Urology
Micaletti, Michael A.	M.D.	Radiology
Mikuzis, John D	D.O.	Physical Medicine/Rehab
Miller, Ann APRN	DNP	
Miller, Gail	M.D.	OB/Gyne
Moiduddin, Shakir	M.D.	Family Practice
Moisan, Terrence C.	M.D.	Pulmonary
Mozwecz, Jeffrey A.	M.D.	Internal Medicine
Mullin, Kimberly A.	M.D.	OB/Gyne
Musabji, Aris	M.D.	Radiology
Muscarello, Vincent Charles	M.D.	Gastroenterology
Mustafa, Asif K.	M.D.	Cardiothoracic Surgery
Myint, Ronald	M.D.	Hematology/Oncology
Nadkarni, Nitin V.	M.D.	Neurology
Naghdi-Ciaciura, Firouzeh	D.O.	Family Practice
Nahhas, Anas	M.D.	Pulmonary
Nahhas, Mohamed	M.D.	Internal Medicine
Nair, Shanti	M.D.	Pediatrics
Nawas, Sammy I	M.D.	Thoracic Surgery
Nazeer, Umair K	M.D.	Internal Medicine
Neubauer, Nikki L.	M.D.	Gyne-Oncology
Nomanbhoy, Yunus T.	M.D.	Hematology/Oncology
Nouneh, Chadi	M.D.	Cardiology
Nowak, Mary Jane A.	M.D.	OB/Gyne
Nudo, Steven R.	M.D.	Radiology
Obasi, Ejikeme O.	M.D.	Nephrology
Obert-Hong, John M.	M.D.	Family Practice
Olear, Osezua	M.D.	Nephrology
Oliver, Robert J.	M.D.	Internal Medicine/Pediatrics
Olmstead, David A.	M.D.	Internal Medicine
Omer, Muhammad	M.D.	Nephrology
O'Neal, Patrick J.	M.D.	Pediatrics
O'Neill, Hugh M.	M.D.	Family Practice
Onyenwenyi, Chijoke H.	M.D.	Nephrology

Ostrowski, Gregory James	D.O.	Radiology
Ozcan, Yasemin	M.D.	Physical Medicine/Rehab
Ozinga, David W.	M.D.	Anesthesiology
Pacella, Daniel A.	D.O.	General Surgery
Pagni, Carlo G.	D.D.S.	Oral Surgery
Pai, Aparna U.	M.D.	Internal Medicine
Pandya, Dave J.	M.D.	Cardiology
Pandya, Kaushik J.	M.D.	Pediatrics
Pannaralla, Amy	D.O.	Family Practice
Panozzo, John A.	M.D.	Family Practice
Pappas, Patroklos S.	M.D.	Cardiothoracic Surgery
Park, Paul	M.D.	Ophthalmology
Patel, Amishi	M.D.	Nephrology
Patel, Samir	M.D.	Gastroenterology
Patel, Vivek N.	D.P.M.	Podiatry
Peters, Constantine G.	D.O.	Internal Medicine
Peterson, Bradford G.	M.D.	Anesthesiology
Pierpaoli, Steven M.	M.D.	Urology Surgery
Poronsky, Albert B.	D.O.	Family Practice
Porter, Michael J	M.D.	Electrophysiology/Cardiology
Potkul, Ronald K.	M.D.	Gyne-Oncology
Pradhan, Sanjeev K	M.D.	Vascular Surgery
Pratuangtham, Surasak	M.D.	Pediatrics
Prentice, Robert	D.O.	Cardiology
Price, Scott P.	M.D.	Orthopedics
Principe, John R.	M.D.	Internal Medicine
Pudusseri, Lisa	D.O.	Cardiology
Quinn, Steven J	M.D.	Pulmonary/Critical Care
Quinn, Thomas J.	M.D.	Cardiology
Raddawi, Hareth M	M.D.	Gastroenterology
Raghuvir, Rashmi	M.D.	Cardiology
Rahman, Anwer Zia	M.D.	Internal Medicine
Raju, Priya	M.D.	Nephrology
Ramadurai, Govind	M.D.	Cardiology/Interventional Cardiology
Ramadurai, Jayanthi	M.D.	Hematology/Oncology
Ramana, Ravi	D.O.	Cardiology/Interventional Cardiology
Raminski, David A.	D.O.	Urology Surgery
Rao, Subramanya	M.D.	Oncology/Hematology
Razzaque, Mohammad A.	M.D.	Internal Medicine
Regan, John	M.D.	Internal Medicine
Reiter, Mark S.	M.D.	Internal Medicine
Remo, Mylene Hernandez	M.D.	Hematology/Oncology

Rhode, Blair A.	M.D.	Orthopedics
Rifai, Luay	M.D.	Cardiology
Rife, Susan B.	D.O.	Family Practice
Rii, Joyce	D.O.	Infectious Disease
Ringus, Julius C.	M.D.	Pathology
Rivera Guerrero, Jose F	M.D.	Internal Medicine
Rizvi, Zulfiqar H.	M.D.	Internal Medicine
Rizzo, Nicholas	M.D.	Internal Medicine
Romberg, Michael S.	M.D.	Wound Care
Rowan, Daniel A.	D.O.	Cardiology
Ruggero, Kathleen A.	D.O.	Infectious Disease
Rusco, Scott J.	D.O.	Family Practice
Ryan, Edward C.	M.D.	OB/Gyne
Sabharwal, Jagdeep	M.D.	Interventional Cardiology
Sanchez, Mario	M.D.	Neonatology
Sandhu, Harcharan	M.D.	Psychiatry
Sankari, Abdul	M.D.	Cardiology/Interventional Cardiology
Sarhan, Mohammad	M.D.	Vascular Surgery
Saxena, Madhulika	M.D.	Internal Medicine
Schiappa, Jeffrey A.	D.O.	Family Practice
Schlais, Rudolph A.	M.D.	Anesthesiology
Schmidt, Matthew E.	M.D.	Ophthalmology
Sekhadia, Lipi	M.D.	Internal Medicine
Selk, Natalie	M.D.	Nephrology
Semba, Laura L.	M.D.	Plastic Surgery
Shah, Ankur S.	M.D.	Cardiology
Shah, Bhavin C.	M.D.	General Surgery
Shah, Kaiser	M.D.	Anesthesiology
Shah, Nirav A.	M.D.	Orthopedics
Shah, Samir R.	M.D.	Plastic Surgery/Hand Surgery
Shahbain, Abdul-Hamid	M.D.	Internal Medicine
Sharma, Kailash	M.D.	Pulmonary/Critical Care
Shin, Henry H.	M.D.	Cardiology
Shin, Jonathan Y.	M.D.	Physical Medicine/Rehab
Shirazi, Haider A.	M.D.	Radiation Oncology
Shirazi, S. Javed	M.D.	Radiation Oncology
Shirazi, Wasif H.	M.D.	Hematology/Oncology
Shroff, Sunil	M.D.	Electrophysiology
Sidhwa, Kamo G.	M.D.	Infectious Disease
Sigala, Whitney	M.D.	OB/Gyne
Signore, Robert J.	D.O.	Dermatology
Silva, Rogelio G.	M.D.	Gastroenterology

Skarpathiotis, George	M.D.	Pediatrics
Skarpathiotis, Stratos	M.D.	Pediatrics
Slomka, Magdalena	M.D.	Infectious Disease
Song, Albert C	M.D.	Emergency Medicine
Sousanieh, George	M.D.	Nephrology
Spear, William	M.D.	Electrophysiology/Cardiology
Sperelakis, Antoinette	M.D.	Pathology
Speziale, Nicholas J.	M.D.	Plastic Surgery/Hand Surgery
Spontak, Stephen	M.D.	Emergency Medicine
Sreckovic, George I.	M.D.	Urology Surgery
Steinberg, Jay Paul	M.D.	Urology Surgery
Stella, Dominick J.	M.D.	Cardiology/Interventional Cardiology
Stella, Joseph F.	D.O.	Cardiology/Interventional Cardiology
Stella, Ronald E.	M.D.	Cardiology/Interventional Cardiology
Stringer, Elizabeth Courtney	M.D.	Pediatrics
Styka, Beata I.	M.D.	Internal Medicine
Sulo, Robert M.	M.D.	Internal Medicine
Sun, Judy	M.D.	Gyne-Urology
Sunbulli, Talal	M.D.	Gastroenterology
Sur, James P.	M.D.	Cardiology/Interventional Cardiology
Sural, Neethi	M.D.	Internal Medicine
Syed, Saira	D.O.	Pediatrics
Sylora, James A.	M.D.	Urology Surgery
Tabachnick, Deborah R	M.D.	Cardiothoracic Surgery
Tabriz, Muhammad S.	M.D.	Infectious Disease
Taksande, Sushant R.	M.D.	Nephrology
Tang, Juelin	M.D.	Internal Medicine
Tang, Ming-Yeng	M.D.	Internal Medicine
Tanquilut, Eugene M.	D.O.	Vascular Surgery
Tatooles, Antone J.	M.D.	Cardiothoracic Surgery
Tejpal, Yogesh	M.D.	Cardiology
Teplitz, Eric P.	M.D.	Cardiology
Tess, James J.	M.D.	Family Practice
Thakkar, Nirav N.	M.D.	Otolaryngology
Thakker, Nitesh	M.D.	Internal Medicine
Thomas, Abraham	M.D.	Nephrology
Thompson, James	M.D.	Allergy
Tierney, Sean P.	M.D.	Electrophysiology/Cardiology
Tobia, Nader	M.D.	Internal Medicine
Tobin, Francis A.	M.D.	Dermatology
Tobin, Melinda	M.D.	Emergency Medicine
Trivedi, Dinker A.	M.D.	Cardiology

Troy, Daniel A.	M.D.	Orthopedics/Spine Surgery
Tucke, Aaron G.	D.D.S.	Oral Surgery
Turk, Charles O.	D.O.	Urology Surgery
Usmani, Sarah	M.D.	Pulmonary/Critical Care
Vadali, Maitrayee	M.D.	Cardiology
Vaishnav, Nikunj P.	M.D.	Pediatrics
Vaishnav, Soham	M.D.	Pediatrics
Valaitis, Sandra R.	M.D.	Gyne-Urology
Vali, Faisal	M.D.	Radiation Oncology
Vanderbilt, Julie G.	M.D.	Family Practice
Vardanyan, Zaruhi	M.D.	Internal Medicine
Vasavada, Rajiv J.	M.D.	Internal Medicine
Vasdekas, Thomas J.	M.D.	General Surgery
Venkataraman, Priya	M.D.	Internal Medicine
Vora, MEHUL (MALE) R.	M.D.	Endocrinology
Vulich, Steve N.	D.O.	Emergency Medicine
Waheed, Salman	M.D.	Hematology/Oncology
Wallace, Gabriel	M.D.	Vascular Surgery
Walsh, Curtis G.	M.D.	Otolaryngology
Wang, Siao-Yi	M.D.	Hematology/Oncology
Wardell, Steven	M.D.	Orthopedics
Watti, Hussam	M.D.	Interventional Cardiology
Weber, Daniel T.	M.D.	Orthopedics
Welsch, Michael	M.D.	Dermatology
Williams, Herlanders J.	M.D.	OB/Gyne
Winterfield, Roland W.	M.D.	Cardiology
Wittmayer, Brian	D.P.M.	Podiatry
Wolowick, Mark J.	M.D.	Anesthesiology
Wrona, Robert W.	D.O.	Family Practice
Ybanez, Neil D.	M.D.	Nephrology
Ye, Chen	M.D.	Internal Medicine
Yousef, Nida	M.D.	Pediatric Cardiology
Yun, Hong Jun	M.D.	Cardiology/Interventional Cardiology
Yung, Cheuk W.	M.D.	Dermatology
Zabiega, Margaret H.	M.D.	Internal Medicine
Zaidi, Ali	M.D.	Cardiology
Zakaria, Firas	M.D.	Internal Medicine
Zakieh, Nasser	M.D.	Pulmonary/Critical Care
Zakkar, Mohamed	M.D.	Pulmonary/Critical Care
Zalzaleh, Ghassan	M.D.	Oncology
Zarzuela, Cassia V	M.D.	Pediatrics
Zuberi, Meiraj	M.D.	Endocrinology

Zumerchik, David L.

M.D.

Urology Surgery

EXHIBIT C

Palos Medical Group Offices

**Palos Medical Group/ North
Campus
12255 S. 80th
Ave
Palos Heights, IL 60463**

**Palos Medical Group/South Campus
15300 West Ave
Orland Park, IL 60462**

EXHIBIT D

Palos Community Hospital

Uninsured Discount Grid for Charity Care Patients

Family Size	1	2	3	4	5	6	7	8	9	10
	\$12,880	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660	\$49,200	\$53,740
Percentage										
100.0%	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$98,400	\$107,480
	200%	200%	200%	200%	200%	200%	200%	200%	200%	200%
95.0%	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740	\$120,360	\$133,980	\$147,600	\$161,220
	300%	300%	300%	300%	300%	300%	300%	300%	300%	300%
90.0%	\$51,520	\$69,680	\$87,840	\$106,000	\$124,160	\$142,320	\$160,480	\$178,640	\$196,800	\$214,960
	400%	400%	400%	400%	400%	400%	400%	400%	400%	400%
85.0%	\$64,400	\$87,100	\$109,800	\$132,500	\$155,200	\$177,900	\$200,600	\$223,300	\$246,000	\$268,700
	500%	500%	500%	500%	500%	500%	500%	500%	500%	500%
80.0%	\$77,280	\$104,520	\$131,760	\$159,000	\$186,240	\$213,480	\$240,720	\$267,960	\$295,200	\$322,440
	600%	600%	600%	600%	600%	600%	600%	600%	600%	600%
***The Maximum amount that can be collected in a 12 month period is 25% of the patients household gross income										

Financial Assistance Application

Patient Name: _____

MRN: _____

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Northwestern Memorial HealthCare (NMHC) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 240 days following the date of discharge or receipt of outpatient care. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist NMHC in determining whether the patient is eligible for financial assistance.

IF YOU ARE UNINSURED AND MEET SPECIFIC PRESUMPTIVE ELIGIBILITY CRITERIA, YOU ARE NOT REQUIRED TO COMPLETE THIS APPLICATION.

- | | |
|---|--|
| <input type="checkbox"/> Homelessness | Enrollment in assistance programs for low-income individuals: |
| <input type="checkbox"/> Deceased with no estate | <input type="checkbox"/> Women, Infants and Children Nutrition Program (WIC) |
| <input type="checkbox"/> Mental incapacitation with no one to act on patient's behalf | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Medicaid eligibility, but not date of service | <input type="checkbox"/> Illinois Free Lunch and Breakfast Program (LIHEAP) |

APPLICANT			
Applicant Name		Social Security #	Date of Birth
Home Address		City	State Zip
Home Phone Number	Cell Phone Number	Email Address	
Preferred Method of Contact <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> I am homeless			Annual Household Income
Applicant's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			# of Individuals in your Household <i>(as reported on your taxes)</i>
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA) <input type="checkbox"/> Health Insurance not provided			

SPOUSE/PARTNER/PARENT/GUARANTOR (when applicable)			
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Guarantor <input type="checkbox"/> Other: _____			
Name		Social Security #	Date of Birth
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA) <input type="checkbox"/> Health Insurance not provided			

INSURANCE COVERAGE		
1. Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veterans' benefits, Medicaid, and Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If yes, please provide the following information:		
Policy Holder	Insurer	Policy Number
Policy Holder	Insurer	Policy Number

Patient Name: _____

MRN: _____

QUESTIONNAIRE	
1. Were you an Illinois resident when you received your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a foreign national residing in Illinois on a U.S. Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what type of Visa? _____	
3. Are you seeking financial assistance for care received in our emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care per the dissolution or separation agreement?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the treatment provided related to any of the following? <input type="checkbox"/> Accident <input type="checkbox"/> Crime <input type="checkbox"/> Workplace Injury <input type="checkbox"/> Other: _____	
6. Have you hired an attorney or are you pursuing a claim for your injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide: _____	
Attorney Name	Attorney Phone Number
7. Have you already applied for Medicaid? (<i>we may require that you do so</i>)	<input type="checkbox"/> Yes – Awaiting Approval <input type="checkbox"/> Yes – Not Eligible <input type="checkbox"/> No
a. If no, please check all of the below that apply:	
<input type="checkbox"/> You are 19 years or younger	<input type="checkbox"/> You are 65 years or older
<input type="checkbox"/> You are taking medication to control diabetes, high blood pressure, or seizures	<input type="checkbox"/> You are disabled as determined by the determined by the Social Security Administration
	<input type="checkbox"/> You are blind
	<input type="checkbox"/> You are pregnant
	<input type="checkbox"/> You have children under the age of 19 living with you

ASSETS	
1. Property. Please provide information regarding any property (<i>buildings and/or land</i>) that you own other than your primary residence.	
a. What is the value of all buildings and land minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the value of the land (without buildings) minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bank Accounts/Investments. Please list the total current balance for each of the following.	
a. Checking/Savings/Credit Union Accounts:	\$ _____ <input type="checkbox"/> N/A
b. Other Investments (<i>bonds, stocks, etc. excluding IRA and/or retirement accounts</i>):	\$ _____ <input type="checkbox"/> N/A

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by NMHC, and I authorize NMHC to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, or if the application otherwise contains a material error or omission, I will be ineligible for financial assistance, and any financial assistance granted to me may be reversed and I will be responsible for the payment of the bill.

Applicant Signature

Spouse/Partner/Parent/Guarantor Signature (when applicable)

Date

Date

Please return completed application and supporting documents to:

Northwestern Memorial HealthCare
 Attention: Financial Counseling
 675 North Saint Clair, 2-110
 Chicago, IL 60611
 312.926.6906 or 800.423.0523 telephone
 312.694.0447 fax
 finapps@nm.org

Patient Name: _____

MRN: _____

Financial Assistance Required Supporting Documents

Please provide the documents requested below. Your application will be delayed or denied in the event that any of the required documents are not included. If you cannot provide document, please provide a letter of explanation.

Primary Documents:

- **Tax Documents:** Provide your most recent federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return.
- **Valid Government-Issued Photo ID:**
 - Driver's license, passport, etc.
- **Proof of Illinois Residency:** Provide at least one of the following documents.
 - Valid state-issued photo ID or driver's license
 - Recent utility bill with an Illinois address
 - IL Voter Registration card
 - Current mail addressed to applicant from a government or other credible source
 - Letter from homeless shelter
- **Proof of Income:** Provide all applicable documents listed below.
 - Copies of your two most recent unemployment checks or stubs
 - Copies of your two most recent employer checks or stubs
 - Copies of your two most recent Social Security checks or stubs
- **Proof of Assets:** Provide your two most recent statements for all checking, savings, and credit union accounts.
- Completed and signed application

Supplemental/Other Documents:

- **Proof of Non-Wage Income:** Provide the following applicable documents, only if you have not submitted a tax return for the previous calendar year or if any of the following income sources will vary between this calendar year and the previous calendar year.
 - Statement of alimony income
 - Statement of business income
 - Statement of retirement or pension income
- **If Married or in a Civil Union:** Provide the following applicable documents regarding your spouse/partner
 - Proof of income and non-wage income (as described above)
 - Federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return
 - Most recent statement for all checking, savings and credit union accounts
- **Supplemental/Other (if applicable):**
 - If a foreign national, copy of your passport and United States Visa
 - Health insurance card (please copy front and back)
 - Medicaid approval/denial letter
 - Letter of support (i.e. if your living expenses are being paid by another party)

Palos Health

12251 South 80th Avenue • Palos Heights, Illinois 60463 • 708.923.4000

REQUEST FOR FINANCIAL ASSISTANCE

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Palos Health determine if you can receive free or discounted services or other public programs that can help pay for your health care. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within sixty (60) days following the date of discharge or receipt of outpatient care.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in this application to assist the hospital in determining whether the patient is eligible for financial assistance.

Please include the following with your completed application:

- a. A copy of your most recent tax forms with corresponding W-2 forms
- b. A copy of you and your spouse's paycheck stubs for the last two (2) pay periods if applicable.
- c. A copy of your award letter from Social Security.
- d. A copy of your award letter from Unemployment Compensation.
- e. Proof of enrollment if you are a full time student.
- f. A statement and signature of person(s) assisting with living conditions.

Return application (completed, signed and dated) along with supporting documents to:

Palos Health
ATTN: Director, Revenue Cycle
12251 South 80th Avenue
Palos Heights, IL 60463

Questions or concerns can be directed to our toll free number:
866.395.4723

Financial Assistance Application

Please complete application completely and to the best of your knowledge.

PATIENT INFORMATION <small>If the patient is a minor, list parent(s)/guardian(s) as applicant.</small>			
Patient Name	Date of Birth	Social Security Number	
Address	City	State	Zip Code
E-mail address	Telephone number	Was patient an Illinois Resident at time services were rendered? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSEHOLD INFORMATION		
Number of persons in the family household	Number of persons who are dependents of the patient	List all ages of dependents
Can anyone claim the patient as a dependent for federal tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT INFORMATION		
Patient's Employer	Address	Telephone Number
Spouse's Employer	Address	Telephone Number

INCOME		ASSETS	
Wages	\$	Checking	\$
Social Security	\$	Savings	\$
Self Employment	\$	Stocks	\$
Unemployment	\$	CDs	\$
Alimony/Child Support	\$	Mutual funds	\$
Disability	\$	Automobiles/Vehicles	\$
Workers' Compensation	\$	Property	\$
Retirement Income	\$	Health Savings/Flex Spending	\$
Other Income (please explain)			

Note: If the patient meets one of the following criteria, the Monthly Expenses table does not need to be completed. Please check all that apply.

- Homeless
- Deceased with no estate
- Mentally incapacitated with no one to act on patient's behalf
- Recent personal bankruptcy
- Incarceration
- Medicaid Eligible but not on service date or non-covered service

Enrolled in one of the following programs:

- Women, Infants and Children Nutrition Program (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Illinois Free Lunch and Breakfast Program
- Low Income Home Energy Assistance Program (LIHEAP)
- Receipt of grant assistance for medical workers
- Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria.

MONTHLY EXPENSES	
Housing	\$
Utilities	\$
Food	\$
Transportation	\$
Child Care	\$
Loans	\$
Medical Expenses	\$
Other expenses (please explain)	

Certification

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provide may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Signature of Patient or Applicant

Date

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Northwestern Memorial HealthCare

Mailing Address: 251 East Huron Street Chicago, IL 60611
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 09 / 01 / 2020 through 08 / 31 / 2021 **Taxpayer Number:** 36-3152959
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
Northwestern Memorial Hospital	251 E. Huron St., Chicago, IL 60611	37-0960170
Northwestern Lake Forest Hospital	1000 N. Westmoreland Rd., Lake Forest, IL 60045	36-2179779
Central DuPage Hospital Association	25 Winfield Rd., Winfield, IL 60190	36-2513909
Delnor-Community Hospital	300 Randall Rd., Geneva, IL 60134	36-3484281
Kishwaukee Community Hospital	1 Kish Hospital Dr., DeKalb, IL 60115	23-7087041
Valley West Community Hospital	1301 N. Main St., Sandwich, IL 60548	36-4244337
Marianjoy Rehabilitation Hospital	26W171 Roosevelt Rd., Wheaton, IL 60187	36-2680776
Northern Illinois Medical Center	385 Millennium Dr., Crystal Lake, IL 60012	36-2338884
Palos Community Hospital	12251 S 80th Ave., Palos Heights, IL 60463	36-2169179

1. ATTACH Mission Statement:

The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. ATTACH Community Benefits Plan:

The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. REPORT Charity Care:

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$79,890,361

ATTACH Charity Care Policy:

Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services	<u>\$ 7,557,262</u>
Government Sponsored Indigent Health Care	<u>\$ 849,133,826</u>
Donations	<u>\$ 6,389,055</u>
Volunteer Services	
a) Employee Volunteer Services	<u>\$ 44,628</u>
b) Non-Employee Volunteer Services	<u>\$ 7,294</u>
c) Total (add lines a and b)	<u>\$ 51,922</u>
Education	<u>\$ 76,290,144</u>
Government-sponsored program services	<u>\$ ---</u>
Research	<u>\$ 61,235,249</u>
Subsidized health services	<u>\$ 40,309,208</u>
Bad debts	<u>\$ 22,870,798</u>
Other Community Benefits	<u>\$ 3,895,301</u>

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

John A. Orsini, Senior Vice President & Chief Financial Officer

Name / Title (Please Print)

Signature

Kelly C. Flesch

Name of Person Completing Form

kflesch@nm.org

Electronic / Internet Mail Address

312-926-4777

Phone: Area Code / Telephone No.

Date

312-926-4537

Phone: Area Code / Telephone No.

N/A

FAX: Area Code / FAX No.



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Memorial Hospital

Mailing Address: 251 E. Huron

City, State, Zip: Chicago, IL 60611

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 37-0960170

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>3,338</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>2,060</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>12,298</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>471</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>23,057,958</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Lake Forest Hospital

Mailing Address: 1000 N. Westmoreland Road

City, State, Zip: Lake Forest, IL 60045

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 36-2179779

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,562</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>964</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>5,001</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>146</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>10,811,762</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Central DuPage Hospital Association

Mailing Address: 25 North Winfield Road

City, State, Zip: Winfield, IL 60190

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 36-2513909

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>2,828</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>4,224</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>6,111</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>368</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>10,887,323</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

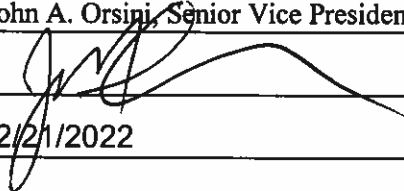
7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Delnor Community Hospital

Mailing Address: 300 Randall Road

City, State, Zip: Geneva, IL 60134

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 36-3484281

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>519</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>345</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>2,647</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>162</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,229,818</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Marianjoy Rehabilitation Hospital and Clinic

Mailing Address: 26 W 171 Roosevelt Road

City, State, Zip: Wheaton, Illinois 60187

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 36-2680776

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>22</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>10</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>124</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>15</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>1,000,096</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Connance and TransUnion

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Connance and TransUnion

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Kishwaukee Community Hospital

Mailing Address: One Kish Hospital Drive

City, State, Zip: DeKalb, IL 60115

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 23-7087041

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>348</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>124</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>3,678</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>72</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,680,488</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

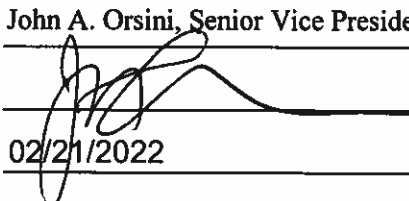
Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Valley West Community Hospital

Mailing Address: 1302 N. Main Street

City, State, Zip: Sandwich, IL 60548

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 36-4244337

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>51</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>17</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>775</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>14</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>693,914</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 2/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northern Illinois Medical Center

Mailing Address: 385 Millennium Dr

City, State, Zip: Crystal Lake, IL 60012

Reporting Period: 9/1/2020 through 8/31/2021

Taxpayer Number: 36-2338884

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>783</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>180</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>3,030</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>148</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>5,256,255</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Paragon, Connance, and TransUnion

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Paragon, Connance, and TransUnion

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Palos Community Hospital

Mailing Address: 12251 S. 80th Avenue

City, State, Zip: Palos Heights, IL 60463

Reporting Period: 1/1/2021 through 8/31/2021

Taxpayer Number: 36-2169179

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,432</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>289</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>764</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>379</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>1,908,609</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: 02/21/2022